

L050000 32031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

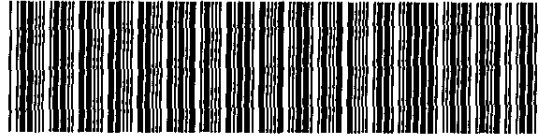
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FALLAH, SEYMOUR

05 APR -1 AM 11:28
FALLAH, SEYMOUR
FALLAH, SEYMOUR
STATE
FLORIDA

Charter Number Only

VALIDATION ONLY

3/31/05

Requestor's Name
Rolando Leiva
7400 SW 50th Terrace #302
Address
Miami, FL 33155
City State ZIP Phone

05 APR - 1 AM 11:28
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Interhome Enterprises, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | |

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Empire Toll Free: 1-800-432-3028

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

FILED
05 APR - 1 AM 11:28
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

Date: March 21, 2005

ARTICLE I – NAME:

The name of the Limited Liability Company is:

INTERHOME ENTERPRISES, LLC

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

15866 S.W. 15TH STREET
PEMBROKE PINES, FL 33027

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

JAIME MAURICIO CAMPOS

Name

15866 S.W. 15TH STREET

Florida Street Address

PEMBROKE PINES, FL 33027

City, State, and Zip

-continued-

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a multiple manager LLC and is therefore a MULTIPLE MANAGER LLC company.

The name and address of each initial MANAGER or MANAGER MEMBER is as follows:

Title:

Managing Member

Name and Address:

**JAIME MAURICIO CAMPOS
15866 S.W. 15TH STREET
PEMBROKE PINES, FL 33027**

Managing Member

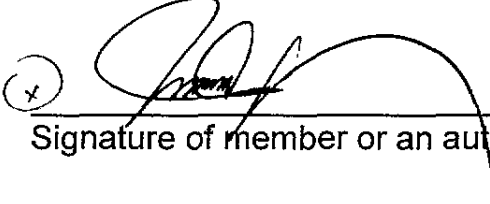
**ANA PATRICIA CAMPOS
15866 SW 15TH STREET
PEMBROKE PINES, FL 33027**

ARTICLE V - BUSINESS DEDUCTIONS


Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its members and employees. Additionally, business auto expenses may be reimbursed to members and employees and thus deducted from current operations.

ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: APRIL 1ST, 2005.

 _____
Signature of member or an authorized representative of a member

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true

 _____
JAIME MAURICIO CAMPOS
Member/Manager of LLC

March 21, 2005