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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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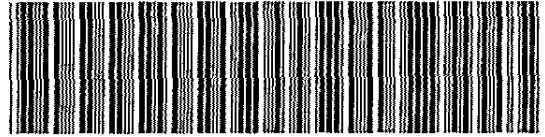
Certificates of Status

Special Instructions to Filing Officer:

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05 APR 12 PM 3:50

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMESTEAD APARTMENTS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramon Xavier Cortada Sr.
(Name of Person)

Homestead Apartments, LLC
(Firm/Company)

9481 SW 109 Terrace,
(Address)

Miami, Florida 33176-3639
(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon Xavier Cortada Sr. at (305) 815-4917
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOMESTEAD APARTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

9481 SW 109 Terrace
Miami, Florida 33176-3639

Mailing Address:

9481 SW 109 Terrace
Miami, Florida 33176-3639

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ramon Xavier Cortada Sr.

Name

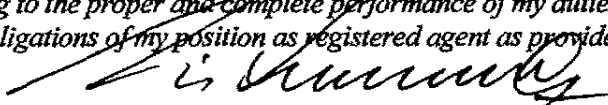
9481 SW 109 Terrace

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33176-3639

City, State, and Zip

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..



Ramon Xavier Cortada Sr.

Registered Agent's Signature

(CONTINUED)

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05 APR 12 PM 3:50

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Cortada de Fortuny, Nuria, E.

Murillo 301

Escobar, Pcia. Buenos Aires - 1625, Argentina

MGR

Cortada de Fortuny, Maria, A.

Rivadavia 2678, 6to. "B"

Buenos Aires - 1034, Argentina

MGR

Cortada, Jill, M.

1322 Twilight Ridge

San Antonio, Texas 78258, USA

MGR

Gabaroni, Alicia, S.

Gabaroni, Alicia, S.

8055 SW 156 Terrace

Palmetto Bay, Florida 33157

(Use attachment if necessary) **SEE ATTACHMENT FOR MORE PARTNERS**

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a 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.)

Ramon Xavier Cortada Sr.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ATTACHMENT WITH MORE PARTNERS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Gabaroni, Jose, M.

8055 SW 156 Terrace

Palmetto Bay, Florida 33157

MGR

Cortada, Joaquin, A.

9481 SW 109 Terrace

Miami, Florida 33176

MGR

Cortada, Graciela, E.

9481 SW 109 Terrace

Miami, Florida 33176

MGR

~~Cortada, Ramon X. Sr.~~

Cortada, Ramon X. Sr.

9481 SW 109 Terrace

Miami, Florida 33176

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a 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.)

Ramon Xavier Cortada Sr.

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

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\$ 5.00 Certificate of Status (Optional)