

Florida Department of State  
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DIVISION OF CORPORATION

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY

SUPERIOR HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUPERIOR HOMES LLC**ARTICLE II - Address:**

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

**Principal Office Address:**8421 South Orange Blossom Trail  
Orlando, FL 32809**Mailing Address:**8421 South Orange Blossom Trail  
Orlando, FL 32809**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

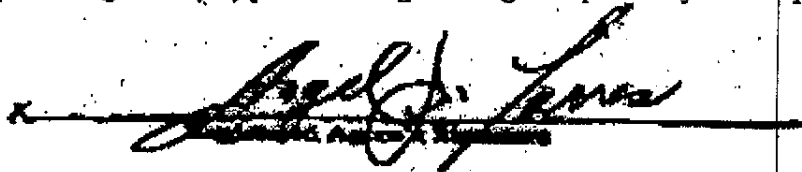
Angel J. Torres

Name

1033 Semoran Blvd. Ste 213Florida street address (P.O. Box NOT acceptable)Casselberry, FLFL 32707

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.*



(CONTINUED)

**BlumbergExcelior**

Page 1 of 2

Justin T. Reed  
BlumbergExcelior Corporate Services, Inc.  
62 White Street  
New York, NY 10013

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**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:**MGRMO'Neill Peralta8421 South Orange Blossom TrailOrlando, FL 32809Patrick Matthews8421 South Orange Blossom TrailOrlando, FL 32809

(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.)

JUSTIN T. REED

Typed or printed name of signer

**Filing Fees:**

Justin T. Reed

Blumberg Excelsior Corporate Services, Inc.

62 White Street, New York, NY 10013

Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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