

WS000080555

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WS-80555
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prestige Homes of REUNION, 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:

Becky Buoncervello
(Name of Person)

Prestige Homes of REUNION, LLC
(Firm/Company)

215 Celebration Place # 190
(Address)

Celebration FL 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

Gene Terrico at (407) 908 0009
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

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TALLAHASSEE, FL
JUN 15 11:12:19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prestige Homes of REUNION, LLC

ARTICLE II - Address:

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

Principal Office Address:

215 Celebration Place
#190
Celebration FL 34747

Mailing Address:

215 Celebration Place
#190
Celebration FL 34747

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

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

Becky Buoncervello
Name

215 Celebration Place #190
Florida street address (P.O. Box NOT acceptable)

Celebration FL 34747
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..

X Becky Buoncervello
Registered Agent's Signature

(CONTINUED)

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JAN 15 2013

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:

MGRM

Becky Buoncervello
215 Celebration Place #190
Celebration FL 34747

MGR

Angela Buoncervello
215 Celebration Place #190
Celebration FL 34747

MGR

Marilyn Terrico
4877 Lake Gail Dr
Kissimmee FL 34746

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X *Becky Buoncervello*

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.)

Becky Buoncervello
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)

2015 JUN 15 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA