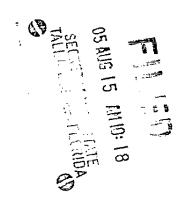
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A.00				
Office Use Only				



100058441611

08/15/05-01015-028 **125.00



TRANSMITTAL LETTER

Registration Section

Tallahassee, Florida 32399

TO:

Division of	Corporations		
SUBJECT:	BY OWN	IERS HOMES LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this matt	ter to the following:	
	··········	AD TASLIDZIC	
	•	(Name of Person)	
	BY OWN	ERS HOMES LLC	
		(Firm/Company)	
	2350 NE 14TH	ST. SUITE #703	
		(Address)	
	POMPANO BEACI	H FLORIDA 33062	<i></i>
	(City	/State and Zip Code)	TALLAS
For further information	on concerning this matter, please	call:	
ESA	O TASLIDZIC	at (954) 2	63-3106
(Na	me of Person)	(Area Code & Daytime T	63-3106 elephone Number)
Enclosed is a check	for the following amount:		RIDA
■ \$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Reg Div	REET ADDRESS: istration Section ision of Corporations E. Gaines Street	MAILING A Registration S Division of C P.O. Box 632	ection orporations

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		pany is:	
BY OWNERS HOMES	LLC		
ARTICLE II - Addi		of the principal office of the Limited L	iability Company is:
Principal Office Address:		Mailing Address:	
2350 NE 14TH ST, SU	ITE #703	2350 NE 14TH ST. SUITE #703	3
POMPANO BEACH FLORIDA		POMPANO BEACH FLORIDA	
ZIP: 33062		ZIP: 33062	
The name and the Flo		of the registered agent are: SAD TASLIDZIC	OS AUG
		Name	
		PANO BEACH BLVD. #210	o o
Florida s		street address (P.O. Box NOT acceptable)	
POMPANO BE		BEACH FLORIDA 33062	
	Cit	y, State, and Zip	_ 20
liability company registered agent and statutes relating to	at the place design agree to act in this the proper and con	t and to accept service of process for the tated in this certificate, I hereby accept to capacity. I further agree to comply with aplete performance of my duties, and I are as registered agent as provided for in the complete of the comple	the appointment as th the provisions of all tm familiar with and

(CONTINUED)

Registered Agent's Signature

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	ESAD TASLIDZIC 133 N POMPANO BEACH BLVD. # 210 POMPANO BEACH FLORIDA 33062	· • • • • • • • • • • • • • • • • • • •
		, , ,
(Use attachment if necessary)		
NOTE: An additional article mus	of be added if an effective date is requested.	
REQUIRED SIGNATURE:	Elician Der or an authorized representative of a member.	05 AUG

(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.)

TASLIDZIC
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)