## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : {305}444-4977

LIMITED LIABILITY COMPANY

HOME TEAM INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DIVISION OF CORPORATION

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
HOME TEAM INVESTMENTS LLC	
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17102 NW 88 PLACE	17102 NW 88 PLACE SS MIAMI, FL 33018
MIAMI, FL 33018	MIAMI, FL 33018
	ered Office, & Registered Agent's Signature:
MARCO A. NAVA	
	ame
17102 NW 88 PLAC	E
Florida stree	t address (P.O. Box NOT acceptable)
MIAMI	FL 33018
City, Sta	ate, and Zip
Havino heen named as revistered agent and	to accept service of process for the above stated limited

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address;
MGRM	RAYMUNDO BRAVO
***	17102 NW 88 PLACE
	MIAMI, FL 33018
MGRM .	MARCO A. NAVA
	17102 NW 88 PLACE
	MIAMI, FL 33018
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(Use attachment if necessary)	i de la companya de
www.waraneering.gov.	day of Silver
LE V: Effective date, if other than the	date of filing: (OPIN
days after the date of filing.)	e specific with Califfor De More diam live publicas
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REQUIRED SIGNATURE:	100-
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	DV-
Ol	aber ar an authorized representative of a member.

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)