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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

MIAMI, FL 33165 (305) 552-	-5575
CORPORATION NAME(S) & DOCU	Office Use Only UMENT NUMBER(S), (if known): OWN HOME, LLC (Document #) (Document #)
1. CEDAR WOODS 7	TOWN HOME, LLC 35 50 10 (Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ Mail out ☐ Will wait	2.06 ☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: CEDAL WOODS TOWN HOME, LL The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 6065 N.W. 167 STREET, Miami, FL 33015 Svite #8-2 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
RENE SAMUEL GONZALEZZO
Florida street address (P.O. Box NOT acceptable) 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. Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
LENÉ S. GONZALEZ MANAGER MEMBEL
THAT YES
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 penalities of perjury that the facts stated herein are true.)
KONE S. GONZALEZ