

L06000051747

cmp

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000137637 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED

06 MAY 18 PM 12:25

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AI HOMES GROUP, LLC

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

DEPARTMENT OF STATE
FLORIDA

05 MAY 18 AM 9:38

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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

The name of the Limited Liability Company is:

AI HOMES GROUP, LLC**ARTICLE II - Address:**

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

Principal Office Address:1113 SE 47TH TERRACE, SUITE 4
CAPE CORAL, FL 33904**Mailing Address:**1113 SE 47TH TERRACE, SUITE 4
CAPE CORAL, FL 33904**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

BODO KLEBER

Name

1113 SE 47TH TERRACE, SUITE 4Florida street address (P.O. Box **NOT** acceptable)CAPE CORAL FL 33904

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

BODO KLEBER, REGISTERED AGENT

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 18 AM 9:38

FILED

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****FINANCE & ESTATE CONSULTING GROUP, LLC
18773 PANTHER PAW COURT
FORT MYERS, FL 33908****MGR****BODO KLEBER
18773 PANTHER PAW COURT
FORT MEYERS, FL 33908**

(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.)

BODO KLEBER

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 18 AM 9:33

FILED

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)**