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Florida Department of State

Division of Corporations Public Access \$ystem

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

(305) 634-3694

Fax Number

: (305)633-9696

golf view homes, llc

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	peny is:			
Golf View Homes, LLC				
(Must end with the words "Limited Liability Co abbreviation "LLC," or "L.C.,")	mpany, "Limited Company" or their			
ARTICLE II - Address:				
The mailing address and street address of Liability Company is:	of the principal office of the Limited			
Principal Office Address:	Mailing Address:			
12277 SW 55 th Street	12277 SW 55th Street			
Suite 906	Suite 906			
Cooper City, FL 33330	Cooper City, FL 33330			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature CRI (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:				
Carlos D. Lerman	9: 43 STATE ORIDA			
Name	DF 43			
2611 Hollywood Blvd.	•			
	Idress (P.O. Box NOT acceptable)			
Hollywood, FL City, State, and	33020 Zin			
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)				
CONTINU	CD)			

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

inte: MGR" = Manager MGRM" = Managing Member	Name and Address:
AGR	Jerry Duke c/o 12277 SW 55 th Street, Ste. 906 Cooper City, FL 33330
 	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized pepresentative 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.)

Jerry Duke

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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