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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

HOMESTEAD SE, LLC

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

HOMESTEAD SE, LLC

ARTICLE II ADDRESS

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

5168 LAKEWOOD DR
COOPER CITY FL 33330

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

AURORA GONZALEZ
5168 LAKEWOOD DR
COOPER CITY FL 33330

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's signature / AURORA GONZALEZ

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managers and is, therefore, a Manager Managed Company.

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PAGE 2 HOMESTEAD SE, LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

AURORA GONZALEZ
Manager: 5168 LAKEWOOD DR
COOPER CITY FL 33330

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A handwritten signature in black ink, appearing to read 'Aurora Gonzalez', is written over a horizontal line.

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.)

AURORA GONZALEZ
Typed or printed name of signee

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