

# 108000112435

Florida Department of State  
Division of Corporations  
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Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LEGAL HOME SAVERS USA, LLC.**

Certificate of Status	0
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**M. THOMAS**

(((H08000270283)))

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**LEGAL HOME SAVERS USA, LLC.**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

6505 BLUE LAGOON DRIVE

SUITE: 110

MIAMI FL 33126

**Mailing Address:**

6505 BLUE LAGOON DRIVE

SUITE: 110

MIAMI FL 33126

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**JOSEPH PEREA**

Name

**6505 BLUE LAGOON DRIVE SUITE: 110**

Florida street address (P.O. Box NOT acceptable)

**MIAMI FL 33126**

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.*

  
Registered Agent's Signature (REQUIRED)

DEC - 9 AM 8:27  
CLERK OF STATE  
STATE OF FLORIDA

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ALEXIS NAVARRO

6505 BLUE LAGOON DRIVE SUITE 110

MIAMI FL 33126

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 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.)

ALEXIS NAVARRO

Typed or printed name of signer

FILED  
09 DEC -9 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA