

L09000039275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

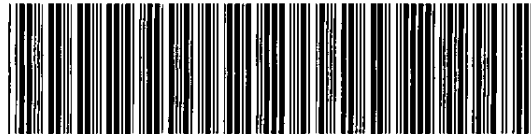
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/22/09--01029--001 \*\*160.00

EFFECTIVE DATE

4/20/09

FILED  
09 APR 22 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. [unclear] APR 23 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HB Home Development 1853 LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Wolfsdorf  
(Name of Person)

HB Home Development LLC  
(Firm/Company)

One Grove Isle Dr. # 804  
(Address)

Miami, Florida 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Wolfsdorf at (305) 586-4723  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

H B Home Development 1853 L.L.C  
(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:

#### Mailing Address:

One GROVE ISLE DR.      ONE GROVE ISLE DR.  
APT. 804      APT. 804  
MIAMI, FLORIDA 33133      MIAMI, FLORIDA 33133

**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 other business entity with an active Florida registration.)

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

BARBARA WOLFSDORF  
Name

ONE GROVE ISLE DR.  
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33133  
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.*

Barbara wolfsdorf  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGR

BARBARA WOLFSDORF  
ONE GROVE ISLE DR. #804  
MIAMI, FL. 33133

MGR

MARGARET BRODSKY  
2917 JACKSON ST  
COCONUT GROVE, FL. 33133

MGR

HB CONSTRUCTION LLC  
530 West 27 St  
MEDLEY, FL. 33010

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: APRIL 20, 2009 (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:**

Barbara Wolfsdorf  
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.)

BARBARA WOLFSDORF  
Typed or printed name of signee

**FILED**  
09 APR 22 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)