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J. BRYAN

SEP 21 2009

EXAMINER

COVER LETTER

CUBICAT	A V Hon	ne Design Group. LLC.	
SUBJECT:		ted Liability Company	-
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
		Lesly Cerrato	
		Name of Person	
		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	099
		Firm/Company	# T P
	317	SW 185 Terrace	% ∞
		Address	유로
			ARY OF STATE
		oke Pines FL 33029 ty/State and Zip Code	
			>
	E-mail address: (to be used	Slym3@juno.com for future annual report notification)	
For further information	on concerning this matter, pleas	se call:	
And	res Jaramillo	at (305) 879-6113	
	ne 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	Certified Copy (additional copy is enclosed) \$160.00 Filing For Certificate of State Certified Copy (additional copy is enclosed)	atus &
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:		
A.V. Home D	Design Group LLC. ited Liability Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1833 NW 74 Way Pembroke Pines FL 33024	317 SW 185 Terrace Pembroke Pines FL 33029		
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address			
	esly Cerrato Name ARB SE		
	SW 185 Terrace ress (P.O. Box NOT acceptable)		
Pembroke Pines	33029 FL 70 3 T		
•	y, State, and Zip		
liability company at the place designed registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity: I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S		

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	•	
MGRM	Lesly Cerrato 317 SW 185 Terrace Pembroke Pines FL 33029		
MGRM	Andres Jaramillo 1833 NW 74 Way Pembroke Pines FL 33024		
	SECRETARY O NLLAHASSEE,	09 SEP 18 AM	F
(Use attachment if necessary)	FIORINA ORINA	MII: 26	D
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp 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 of this document constitute that the facts stated herein	1 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)		
Filing Fees:	errato 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)