

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. MIMAS MEADOW HOME LLC.

Certificate of Status 0 Certified Copy 1 Page Count

Estimated Charge

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
mimas me	ADOW Home LLC.	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	the principal office of the Limited Liability Compar	ny is:
		•
rincipal Office Address:	Mailing Address:	*
10112 SID. 11/3 PM	Campo	A
miami MG 33/80		APR 26
		95
	1 C PC C Thursday 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	➣
AKTICLE 111 - Registered Agent, Regis The Limited Liability Company ramon serve as its own	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another	AH 10:
business entity with an active Florida registration.)		99
The name and the Florida street address o	f the registered agent are:	9
1-0 : 11	ha	
MARTH	A MOLETON	
	/	

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..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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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:

"MGR" = Mana "MGRM" = Ma	nger maging Member	Name and Address:
MBA	- -	MAKTUA MORETOR 10162 SUR 143 PL MIAMI FIL 23186
	· ,	
,		
	,	
(Use attachmen	t if necessary)	
LEV: Effective	e date, if other than th	e date of filing: (OPTIONA
LE V: Effective Tective date is li	e date, if other than th isted, the date must l	e date of filing: (OPTION). be specific and cannot be more than five business da
LE V: Effective Tective date is li days after the c	e date, if other than th isted, the date must l date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business da
LE V: Effective Tective date is li days after the c	e date, if other than th isted, the date must l date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business da
LE V: Effective Tective date is li days after the c	e date, if other than th isted, the date must l date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business day for or an authorized representative of a member.
(Use attachment LE V: Effective fective date is list days after the correct States of th	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member o	be specific and cannot be more than five business day our or an authorized representative of a member. ection 608,408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of permy

\$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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