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**EXAMINER** 



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### COVER LETTER

TO: Registration : Division of Co			
SUBJECT: America	an Dream Homes & Inv	estments, LLC ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
John Lissand	rello		
		Name of Person .	
		Firm/Company	
2034 Alta Me	adows Lane, Apt 1307		
		Address	
Delray Beach	, FL 33444	,	
		y/State and Zip Code	
john@ibuyorle	easehouses.com E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	·	
John Lissandrello	John Lissandrello at ( 561 )414-9559		
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	rcle

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

ARTICLE I - Name:			
The name of the Limited Liab			
American Dream Homes			

ility Company is:

#### & Investments, 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:	Mailing Address:	
2034 Alta Meadows Lane	2034 Alta Meadows Lane	
Apt 1307	Apt 1307	
Delray Beach, FL 33444	Delray Beach, FL 33444	

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:

	;
Name	
Lane, Apt 1307	
eet address (P.O. Box NOT acceptable	)
FL 33444	
City, State, and Zip	
	Lane, Apt 1307 eet address (P.O. Box <u>NOT</u> acceptable FL 33444

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM John Lissandrello 2034 Alta Meadows Lane, Apt 1307 Delray Beach, FL 33444 (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.) John Lissandrello Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)