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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A. Account Number : 076624003440 Phone : (305)444-6226 Fax Number : (305)442-4829 the email address for this business entity to be used for future Tarmual report mailings. Enter only one email address please. il Address: FLORIDA LIMITED LIABILITY CO. HOME PARTNERS INDUSTRIES, LLC. Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$130.00 SAULSBERRY **EXAMINER** 

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TO:

FROM: <u>ARAZOZA & FERNANDEZ</u>

FAX: 3054424829

TEL: 3054446226

COMMENT:

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#### ARTICLES OF ORGANIZATION

#### OF

### HOME PARTNERS INDUSTRIES, LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Fiorida.

# ARTICLE I

The name of this Limited Liability Company is: HOME PARTNERS INDUSTRIES, LLC.

# ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

# ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other events which terminates the continued membership of a member in the Limited Liability Company.

#### ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 695 BELLA VISTA AVE, CORAL GABLES, FL 33156. The Board of Managers may from time to time move the principal office to another address in Florida.

### ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That HOME PARTNERS INDUSTRIES, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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### ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be

PER BOKMAND of 695 BELLA VISTA AVE, CORAL GABLES, FL 33156

WITNESS the hand and seal of the authorized person in Miami-Dade County, State of Florida, this \_\_\_\_\_\_ day of October, 2010. STATE OF FLORIDA SS: COUNTY OF MIAMI-DADE PERSONALLY appeared before me, HUGO MANTILLA, as Authorized Person of HOME PARTNERS INDUSTRIES, LLC, for and on behalf of the entity, who produced his FL. DNIVER'S HC. as identification, or is personally known to me, who being by me first duly sworn, acknowledge that he signed the same for the purposes therein expressed. WITNESS my hand and seal at Miami-Dade County, Florida this day of October. 2010. NOTARY PUBLIC-STATE OF FLORIDA Laura Kohn Commission #DD770888 Expires: MAY 16, 2012 OF FLORIDA BONDED THRU ATLANTIC BONDING CO., INC. AT LARGE

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That HOME PARTNERS INDUSTRIES, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Broward, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA P.A, as its Agent, of 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent:
Arazoza & Fernandez-Fraga PARRY OF SHEET SHE