

L10000118639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

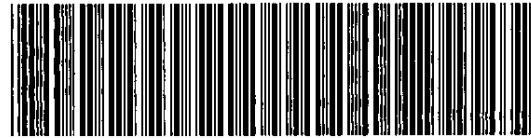
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600187631636

11/12/10--01024--028 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 12 PM 4:47

FILED

J. SAULSBERRY  
EXAMINER

NOV 15 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Next Step Housing (canusa) 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:

Marceau Livette  
Name of Person

Po Box 382192  
Firm/Company

MIAMI FL 33238  
Address

nextstephousingllc@gmail.com  
City/State and Zip Code

nextstephousingllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marceau Livette at (786) 380-5812  
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

2010 NOV 12 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Next Step Housing (canusa) 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:

9404 NW 31<sup>st</sup> Ave Ste A  
MIAMI, FL 33147

#### Mailing Address:

PO Box 382192  
MIAMI FL  
33238

### 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:

Marceau Livette  
Name

7626 NE 3<sup>rd</sup> Ave  
Florida street address (P.O. Box **NOT** acceptable)


MIAMI FL 33138  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 12 PM 4:47

FILED

*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)

**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:**

MGRM

Steve Anderson  
12114 NE 6th Ave  
N MIAMI FL 33161

MGRM

Lynda Rubis  
12114 NE 6th Ave  
N MIAMI FL 33161

MGRM

Marceau Livette  
12114 NE 6th Ave  
N MIAMI FL 33161

MGRM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: ~~NOV 12 2010~~ (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:**

Lynda Rubis  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lynda Rubis  
Typed or printed name of signee

**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)

FILED  
2010 NOV 12 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA