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DIVISION OF CORPORATIONS

**Sills Cummis & Gross**  
A Professional Corporation

The Legal Center  
One Riverfront Plaza  
Newark, New Jersey 07102  
Tel: (973) 643-7000  
Fax: (973) 643-6500

One Rockefeller Plaza  
New York, NY 10020  
Tel: (212) 643-7000  
Fax: (212) 643-6500

650 College Road East  
Princeton, NJ 08540  
Tel: (609) 227-4600  
Fax: (609) 227-4646

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Lillian L. Breton  
Corporate Paralegal  
Direct Dial: 973-643-5522  
E-mail: lbreton@sillscummis.com

September 13, 2011

Via Federal Express  
Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

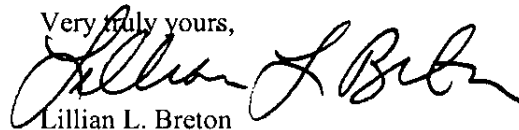
**Re: BILL HOMES LLC – Florida domestic limited liability company formation**

To whom it may concern:

Enclosed for expedited filing please find the original Articles of Organization of Bill Homes LLC. Also enclosed is check number 6085 in payment of the requisite filing fee.

Please do not hesitate to call me directly with any questions you may have regarding this filing.

Very truly yours,

  
Lillian L. Breton

LLB/iom  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bill Homes 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:

Ira A. Rosenberg, Esq.

Name of Person

Sills Cummis & Gross P.C.

Firm/Company

One Riverfront Plaza

Address

Newark, New Jersey 07102

City/State and Zip Code

IROSENBERG@SILLSCUMMIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ira A. Rosenberg, Esq.

Name of Person

at (973) 643-7000

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BILL HOMES 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:**

1340 Wicklow Lane  
Ormond Beach, Florida 32174

**Mailing Address:**

1340 Wicklow Lane  
Ormond Beach, Florida 32174

**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:

William P. Rebarick

Name

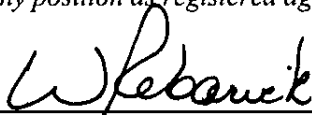
1340 Wicklow Lane

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

Ormond Beach FL 32174

City, State, and Zip

*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)

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

William P. Rebarick

1340 Wicklow Lane

Ormond Beach, Florida 32174

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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. 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.)

William P. Rebarick

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)**