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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

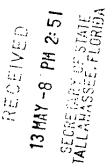
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

\*\*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. LEN OT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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MAY - 9 20135/8/2013

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company	is:
LEN OT HOLDINGS, LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The malling address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
700 NW 107 AVENUE	700 NW 107 AVENUE
SUITE 400	SUITE 400
MIAMI, FL 33172	MIAMI, FL 33172
(The Limited Liability Company cannot serve as its awa Robusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
CT Corporation	<del>System</del>
1200 South Pic	ne Icland Drive

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 offigations 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)

Plantation

Madenna Cuddiny Special Assistant Secretary

(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:

Name and Address:

"MGRM" = Managing Member	
MGRM	LENNAR HOMES HOLDING, LLC
•	
<u> </u>	
·	
(Use attachment if necessary)	
CLE V: Effective date. If other than the	ne date of filing: (OPTIONA

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with scellen 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury 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 follows as provided for in a.817.155, F.S.)

MARK SUBTANA, AUTHORIZED AGENT

Typed or printed name of signes

Filine Peest

5125.00 Piling Tee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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SECRETARY OF STATION DIVISION OF CORPORATION