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· (Red	questor's Name)	
7.		
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Rus	siness Entity Nar	ne)
(Bu:	siless Enuty Nai	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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10/28/13--01053--007 **130.00

EFFECTIVE DATE 11-5-13

B. BOSTICK OCT 2 9 2013

FXAMINED

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Need Housing, 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:

Quoc V	'an				
		Name of Person			
		Firm/Company			
1110 B	utler Way				
		Address			
Sanford	d, FL 32773				
	Cit	ty/State and Zip Co	ode		
quocbava	n2010@gmail.cor			551	2
	E-mail address: (to be used	for future annual re	port notification)	E	نت
For further information	concerning this matter, please	e call:		*	13 OC 1
Quoc Van		407	321-57	78-49 <u>9</u> 8	28
	of Person or the following amount:	Area Co	de & Daytime Tele	phone Number	34:21,14
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified C	_	\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
Need Housing, LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
1110 Butler Way	1110 Butler Way	
Sanford, FL 32773	Sanford, FL 32773	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	n Registered Agent. You must designate an indiv	
- :	Name	8
1110 Butler Way		PN 12: 45
Florida st	reet address (P.O. Box NOT acceptable)	81: 1 2
Sanford, FL 32773	FL	F 6
	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)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	eer eer
MGRM	Quoc Van
	1110 Butler Way
	Sanford, FL 32773
MGRM	Linh Van
	1110 Butler Way
	Sanford, FL 32773
	2
	<u> </u>
(Use attachment if necessary)	
•	
CLE V: Effective date, if other	than the date of filing: November 5, 2013 . (OPTIONA
effective date is listed, the da	ite must be specific and cannot be more than five busine
o or 90 days after the date of t	filing.)
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

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.)

> Quoc Van 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)