L14000053839

| (F | Requestor's Name) | |
|-------------------------|---|------------|
| | Paul F. Bates 315 Hays Rd. Pittsburgh PA 1524 | : <u> </u> |
| (A | Address) | |
| (0 | City/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| (0 | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | , |
| | | |

Office Use Only



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SECRETARY OF STATE BIVISION OF CORPORATIONS

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APR - 2 2014 J. HARRIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|-------------------|-----------------|
| HOMES by MINA AND PAUL 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: Mailing Address: | | |
| 315 HAYS Rd. PITTS BURGH, PA 15241 PITTS BURGH, PA 15241 PITTS BURGH, PA 15241 | | |
| 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 individua another business entity with an active Florida registration.) | l or | - |
| The name and the Florida street address of the registered agent are: | | |
| MINA HERRERA | | |
| MINA HERRERA 545 SOUTH FORT LAWERDALE BEACH BLU # 1004 | D. | |
| Florida street address (P.O. Box NOT acceptable) | | |
| FORT LAUDER DALE FL 33316 City Zip | | |
| City Zip | | |
| Having been named as registered agent and to accept service of process for the above stated limited liability of the place designated in this certificate, I hereby accept the appointment as registered agent and agree to accapacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided that the provided state of the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided that the provided state of the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided that the provided state of the proper and complete per of my duties. | et in th Forma | his ance |
| Registere Agent's Signature (REQUIRED) | 14 MAR | BINISION (|
| (CONTINUED) | AR 27 | SEA. |
| Page 1 of 2 | 48 :11 HA | RETARY OF SIAIL |

| <u> Citle:</u> | Name and Address: |
|---|--|
| 'AMBR" = Authorized Member | |
| "MGR" = Manager AMBR | PAUL BATES 315 HAYS RA PITTS BURGH, PA 15241 |
| | 315 HAYS Rd |
| | PITTS burgh PA 15241 |
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| Use attachment if necessary) | |
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| EV: Effective date, if other than the detive date is listed, the date must be | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 |
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| EV: Effective date, if other than the detive date is listed, the date must be filling.) | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 |
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| EV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 |
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| EV: Effective date, if other than the detive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section) | specific and cannot be more than five business days prior to or 90 We also a substitute of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document |
| EV: Effective date, if other than the detive date is listed, the date must be f filing.) EVI: Other provisions, if any. Signature of a (In accordance with section constitutes an affirmation upliant am aware that any false in | member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State |
| EV: Effective date, if other than the detive date is listed, the date must be filling.) EVI: Other provisions, if any. Signature of a (In accordance with section constitutes an affirmation under that any false in constitutes a third degree ferometric date in the constitutes and the constitutes are the constitutes as the constitutes | specific and cannot be more than five business days prior to or 90 We also a substitute of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

14 MAR 27 AM 11: 34

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