

L14000062215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

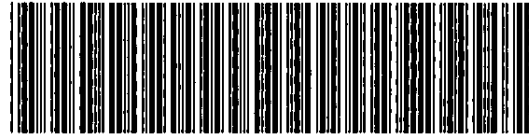
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR 14 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gifford APR 10 2014

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780

April 8, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: TURNKEY HOMES OF BREVARD, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780
321.480.9789

Sincerely,



Carol Allison

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

ARTICLE I

Name of Limited Liability Company is:

TURNKEY HOMES OF BREVARD, LLC

ARTICLE II

Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4940 Brookhaven Str.
Cocoa, Fl. 32927

Mailing Address:

4940 Brookhaven Str.
Cocoa, Fl. 32927

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ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

(You must designate an individual or another business with an active Florida registration)

The name and the Florida street address of the registered agent are:

John J. Dismore
4940 Brookhaven Str.
Cocoa, Fl. 32927

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 605, F.S.

Date: April 8, 2014

ARTICLE IV

Manager or Managing Member(s):

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

Title

Name and Address

"AMGR"=Authorized Member

"MGR"= Manager

AMGR

John J. Dismore

4940 Brookhaven Str.

Cocoa, Fl. 32927

ARTICLE V (Optional)

Effective date, if other than the date of filing: File Date

(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.)

Article VI (Other Provisions, if any.)

REQUIRED SIGNATURE:

John J. Dismore 04/08/2014

(In accordance with section 605.0203 (1)(b), 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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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