# L14000121645

(Req	uestor's Name)	·
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



600262804576

08/01/14--01013--007 \*\*125.00

EFFECTIVE DATE 8/1/14

THANG-I PH 2: II

ERG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 55 Homebuilding LL (*) 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:
Kimberly Stepp Name of Person
55 Homebuilding, LLC Firm/Company
3401 DAWN Ct Address
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberly Stopp at (407) 718-4061  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

# EFFECTIVE DATE 3/1/14

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
55 Homebuilding, L (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
340, DAWN Ct. Lake many, FL 32746	5 4m 6
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	_
Kimberly Ste Name	<del></del>
340 1 D Aww Ct Florida street address (P.O. Box I	
Lake Muy City	FL 32746 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(0,	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

14 AUG - 1 PH 2: 15

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Kimberly Stepp
	3401 DATUA CT.
	take mary FC 32746
mar	Sleve Slepp
	34 D 1 D A 44 A C-1
	Lake Mary FZ 31746
3	<u> </u>
mark	Amarda Stess-Marcum
	1030 ROYAL CIES+ Dr.
	Lichnera 1Ky 40475
	,
Jse attachment if necessary)	
	date of filing: 8-1-14 (OPTIONAL) e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the cotive date is listed, the date must be filing.)  VI: Other provisions, if any.	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 9
filing.)	date of filing:
filing.) VI: Other provisions, if any.	date of filing:
filing.) VI: Other provisions, if any.	date of filing:
filing.) VI: Other provisions, if any.  EQUIRED SIGNATURE:	K-Strae
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section	member or an authorized representative of a member.  1 605.0203 (1) (b), Florida Statutes, the execution of this document
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
Filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree feet.)	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree feet.)	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree feet.)	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
Filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree feet.)	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)  Typed or printed name of signee
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for the section of the section constitutes as the section	member or an althorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for section constitutes a section constitute of the constitutes are the constitutes as the constitu	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent
Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for the section constitutes at the section constitutes	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent

Page 2 of 2

14 AUG - 1 PH 2: 15
SECRETARY OF STATE.