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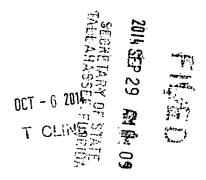
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
<b>(B</b> u	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Ferrer Homes LLC.			
Name of Lim	ited Liability Company		
The enclosed Articles of Organization and fee(s) are	e submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Jose Antonio Ferrer	Name of Person		<del></del>
	name of Ferson	TALL BY	2014 SEP 29
Ferrer Homes LLC.	Firm/Company		# <b>#</b>
	r min company	\$ 3 80 70	29 287
3650 SW 143RD AVE			<b>至</b>
	Address		
		ر (رائم مرائم مرائم مرائم مرائم	0.9
MIAMI/FLORIDA 33175	ity/State and Zip Code		- 
	•		
FERRERHOMES@HOTMAIL.COM E-mail address: (to be used	for future annual report notificat	ion)	
For further information concerning this matter, plea	se call:		
Jose Antonio Ferrer at ( 3			
Name of Person	Area Code Daytime Tele	ephone Number	
Enclosed is a check for the following amount:		_	
☑ \$125.00 Filing Fee ☑ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is er	us &
Mailing Address	Street/Courier Addr	ess_	
Registration Section Division of Corporations	Registration Section Division of Corporati	ons	
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Cente	er Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	CHLORIDA LIMITI ED LIABILI I Y CO	MPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Ferrer Homes LLC.		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "	'LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principal	office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
3650 SW 143rd AVE Miami FI 33175	3650 SW 143rd AVE Miami	<u>FI 33175</u>
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registrati	n Registered Agent. You must desig	
The name and the Florida street address of the registere	d agent are:	
Jose A. Ferrer	<u>.</u>	
Nam	e	
3650 SW 143rd AVE		
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	
<u>Miami</u>	FL 33175	
City	Zip	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby acceptance capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the or Change Registered Agent's Sign	pt the appointment as registered age s of all statutes relating to the proper bligations of my position as registere pter 605, F.S.	nt and agree to act in this and complete performance
(CONTINI	UED)	2014 SEP SEGRETARIA
Page 1 of	2	DIN SEP 29 M B: 09 SEGRETARY OF STATE ALL AHASSEE, FURRID!

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	tone Astrolo Manage
MGR	Jose Antonio Ferrer
	3650 SW 143rd AVE Miami FL 33175
	IVIIdIIII (°L 33173
(Use attachment if necessary)	
•	
ective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
ective date is listed, the date must be spec of filing.)  E VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 days
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REQUIRED SIGNATURE:  Signature of a merical constitutes an affirmation under I am aware that any false informaconstitutes a third degree felony  Jose Antonio Ferri	the penalties of perjury that the facts stated herein are true.  as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a merical constitutes an affirmation under I am aware that any false informaconstitutes a third degree felony  Jose Antonio Ferri	ber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  rer.  Typed or printed name of signee  Filing Fees:
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REQUIRED SIGNATURE:  Signature of a ment (In accordance with section 205 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Jose Antonio Fern \$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	ther or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. lation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  rer  Typed or printed name of signee  Filing Fees:  anization and Designation of Registered Agent
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