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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GILLIGAN, GOODING & FRANJOLA, P.A.
Account Number : I20010000016
Phone : (352) 867-7707
Fax Number : (352) 867-0237

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
American Dream Residential, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

14 OCT -7 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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STATE OF FLORIDA
SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Dream Residential, LLC

ARTICLE II - Address:

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

Principal Office Address:

5612 SE Abshier Blvd., Ste 3
Belleview, FL 34420

Mailing Address:

5612 SE Abshier Blvd., Ste 3
Belleview, FL 34420

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 individual or another business entity with an active Florida registration).

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

W. James Gooding III
Name

1531 SE 36th Avenue
Florida street address (P.O. Box is NOT acceptable)

Ocala FL 34471
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 605, F.S.

Registered Agent's Signature (REQUIRED)

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ALACHUA COUNTY FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: **Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

David R. Taylor
5612 SE Abshier Blvd., Ste 3
Bellevue, FL 34420

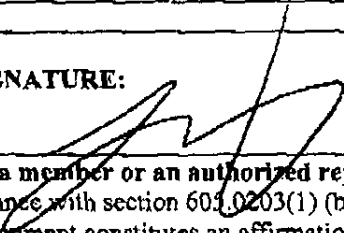
MGR

Mark Sumner
4701 NE 36th Avenue
Ocala, FL 34479

ARTICLE V: Effective Date, if other than the date of filing: _____ (OPTIONAL)
(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:



Signature of a member or an authorized representative of a member.

(In accordance with section 601.0203(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.)

W. James Gooding III as authorized representative

Typed or printed name of signer

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