L14000157755

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



500263334305

10/03/14--01019--025 **160.00

14 OCT -3 AM 7:49
SECREPARY OF STAFE
ALL MASSEE FLORIDA

TO:	Registration Division of C	Section Corporations	·	
SUBJI	ECT: DH Ho	mes LLC Name of Li	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Debby H	yde	Name of Person	
			Name of Ferson	
	DH Hom	es LLC		*****
			Firm/Company	
	10550 N	E 76 street		
			Address	
	Bronson	Florida 32621		
			City/State and Zip Code	
in	fo@dhhomes	com		
	es e	E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther informatio	n concerning this matter, ple	ase call:	
Debby	y Hyde		<u>352</u>) <u>262-4328</u>	
	Nan	ne of Person	Area Code Daytime Tel	ephone Number
	,			
Enclos	ed is a check fo	or the following amount:		
\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mai	iling Address	<u>Street/Courier Addi</u>	ress
		istration Section	Registration Section	
	Div	ision of Corporations	Division of Corporat	ions
		. Box 6327	Clifton Building	O' 1
	ı alf	ahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DH Homes LLC	
(Must end with the words "Limited I	ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10550 NE 76 Street Bronson Fl 32621	10550 NE 76 Street Bronson Fl 32621
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
Debby Hyde Name	
10550 NE 76 Street Florida street address (P.O. Box 1	NOT accentable)
	·
<u>Bronson</u> City	FL_32621
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	rice of process for the above stated limited liability company at 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
Registered Agent's Signatu	SREE OCT
(CONTINUE	D) (S語 し) () () () () () () () () ()
Page i of 2	OF SI

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Dahbu Usula
Manager	Debby Hyde 10550 NE 76 Street Bronson FI 32621
	10000 NE 70 ORGE DIGISON 11 02021
	•
EV: Effective date, if other than the datective date is listed, the date must be soff filing.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date etive date is listed, the date must be of filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a feature	specific and cannot be more than five business days prior to or 90 4 HMA Gember or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section of the	specific and cannot be more than five business days prior to or 90 4 4 4 4 4 4 4 4 4 4 4 4 4
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false infi	perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be more than five business days prior to or 90 perific and cannot be prior to be prior to or 90 perific and cannot be prior to or 90 perifi
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false infi	pember or/an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 607.0203 (1) (1) (2) (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree felor	pember or/an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 607.0203 (1) (1) (2) (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
E V: Effective date, if other than the date entire date is listed, the date must be soft filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false infi	dember or/an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date entire date is listed, the date must be soffiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree felor	dember or/an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date entire date is listed, the date must be soffiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	dember or/an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date entire date is listed, the date must be a filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	pember or/an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)