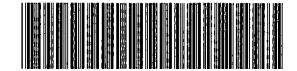
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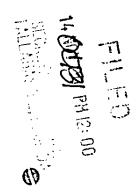
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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WH 121166



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2014

S DONETTE SMITH RIDGEWAY HOMES LLC 261 SW 192ND TER PEMBROKE PINES, FL 33029

SUBJECT: RIDGEWAY HOMES LLC

Ref. Number: W14000067166

We have received your document for RIDGEWAY HOMES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L13000089517.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 114A00023698

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	: RIDGEWAY HOMES LLC Name of Limited	d Liability Company	
The enclose	ed Articles of Organization and fee(s) are su	abmitted for filing.	
Please retur	rn all correspondence concerning this matte	r to the following:	
		ONETTE SMITH Name of Person	
		EWAY HOMES LLC Firm/Company	
	,	гип/Сопрану	
	261	SW 192ND TER Address	
		ROKE PINES, FL 33029 State and Zip Code	
	ridgew E-mail address: (to be used fo	avhomesfl@gmail.com r future annual report notifica	tion)
For further	information concerning this matter, please	call:	
S DONET	Name of Person A		ephone Number
Enclosed is	s a check for the following amount:		
☑ \$125.00 Fi	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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Addr Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Ridgeway Homes LLC 261 SW 192nd Ter Pembroke Pines, FL 33029 954-800-5337 ridgewayhomesfl@gmail.com

11/01/2014

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

RE: Document Number L13000089517

This letter is to inform you that as an officer of Ridgeway Homes LLC, I hereby request that the Division of Corporation release all holds on this name RIDGEWAY HOMES LLC.

Any questions and/or concerns, feel free to contact me at the above address, phone or email.

Thank you,

S D Smith

S Donette Smith Manager / Registered Agent

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RIDGEWAY HOMES LLC (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	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
261 SW 192ND TER PEMBROKE PINES, FL 33029	261 SW 192ND TER PEMBROKE PINES. FL 33029
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
S DONETTE SMITH Name	
261 SW 192ND TER Florida street address (P.O. Box 1	NOT acceptable)
PEMBROKE PINES City	FL 33029 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	ice of process for the above stated limited liability company at he 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 the 605, F.S.
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	SEGNE TALLAND
Page 1 of 2	2 PH 12: 00

<u>Fitle:</u> 'AMBR" = Authorized	l Member	Name and Address:
"MGR" = Manager MGR		A & HOO
IVIGN	-	A S HOO 261 SW 192ND TER
		PEMBROKE PINES, FL 33029
MGR		S D SMITH
<u>Wan</u>	-	261 SW 192ND TER
•		PEMBROKE PINES, FL 33029
	-	
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(Use attachment if nece	essary)	
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E V: Effective date, if of ective date is listed, the of filing.) E VI: Other provisions, REQUIRED SIGNAT	other than the date of a date must be speci	ber or an authorized representative of a member.
E VI: Other provisions, REQUIRED SIGNAT (In accordance)	other than the date of a date must be specially if any. FURE: Signature of a memory ce with section 605.0	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if cective date is listed, the of filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes ar I am aware the	other than the date of a date must be specially if any. FURE: Signature of a memory ce with section 605.0 in affirmation under that any false information that any false information in the section of	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
E V: Effective date, if of ective date is listed, the filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes ar I am aware the	other than the date of e date must be special if any. FURE: Signature of a memory of a m	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.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2