# Florida Department of State

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(((H15000003162 3)))



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To:

16615 Effective Date

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : A.A.ALI, CPA

Account Number : 120000000192 Phone

: (407)298-3900

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

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### FLORIDA LIMITED LIABILITY CO. VINCENT DREAM HOMES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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January 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A.A.ALI, CPA

SUBJECT: VINCENT DREAM HOMES LLC

REF: W15000000983

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 6, 2015. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H15000003162 Letter Number: 615A00000267

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NISION OF CONTROL OF BUREAU OF CONTROL OF CON

SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

Effective Date

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### VINCENT DREAM HOMES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

653 S BINION RD. APOPKA, FL 32703

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:

> SABRINA KHUBLALL 653 S BINION RD. **APOPKA, FL 32703**

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..

SABRINA KHUBLALL/ Registered Agent's Signature

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## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member

SABRINA KHUBLALL - MGRM 653 S BINION RD. APOPKA, FL 32703

RICHIE A. KHUBLALL - MGRM 653 S BINION RD. APOPKA, FL 32703

ARTICLE V: Effective date, if other than the date of filing: 01/06/2015
(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.)

REQUIRED SIGNATURE:

Salvina Whulball

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

(In accordance with section 605.0203(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 department of State constitutes a third department of State constitutes as the state of State constitutes as the

SABRINA KHUBLALL

Typed or printed name of signee

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