

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L15000052123

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To:

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

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**FLORIDA LIMITED LIABILITY CO.
 D FLORIDA HOMES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

15 MAR 24 AM 10:00

FLORIDA
 DIVISION OF CORPORATIONS
 ELECTRONIC FILING SERVICE

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2015 MAR 24 AM 10:04

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3/24/2015 11:12:02 AM PAGE 1/001 Fax Server



March 24, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: D FLORIDA HOMES LLC
REF: W15000020333

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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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. #: H15000072187
Letter Number: 515A00005818

REC-110
15 MAR 24 AM 10:00
TALLAHASSEE, FLORIDA
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

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2015 MAR 24 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D FLORIDA HOMES LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:10550 SW WATERWAY LANE
PORT ST LUCIE, FL 3498710550 SW WATERWAY LANE
PORT ST LUCIE, FL 34987

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:

DEUSECENA MANDELSTADT

Name

10550 SW WATERWAY LANEFlorida street address (P.O. Box NOT acceptable)PORT ST LUCIE FL 34987

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.,

Deusecena Mandelstadt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

(MGR) DEUSELENA NANDELSTADT 10590 SW WATERWAY LANE
PORT ST LUCIE, FL 34982

(Use attachment if necessary)

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.)

REQUIRED SIGNATURE:

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

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 degree felony as provided for in s.817.155, F.S.)

DEUSELENA NANDELSTADT
 Typed or printed name of signer