Division of Corporations Electronic Filing Cover Sheet

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(((H15000080098 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

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## FLORIDA LIMITED LIABILITY CO. PROBATE HABITAT SOLUTIONS 2015, LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
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April 1, 2015

## FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE INC

SUBJECT: PROBATE HABIRAT SOLUTIONS 2015, LLC

REF: W15000022455

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.

List the address for the registered agent.,

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.

Tammy Hampton Regulatory Specialist III FAX Aud. #: H15000080098 Letter Number: 915A00006431

## ARTICLES OF ORGANIZATION

ARTICLE	I -	Na	me
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The name of the Limited Liability Company is: (Must end with the words Limited Liability Company,

TROBATE HABITAT SOLUTIONS 2015, LLC

<u> ARTICLE II - Address:</u>

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

5818 SW 28 ST. MAMI, FL. 33155

ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (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.)

EDUARDO M. PEREZ-HEYDRICH 5818 SW 28 ST Miami FL 33155

ARTICLE IV-

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

SOPHIAL FEREZ-HEYDRICH, AMBR. EDWARDO M. PEREZ-HEYDRICH, AMBR

Page 1 of 2

## Required Signatures:

'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.

Typed or printed name of signee

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.

Registered Agent's Signature (REQUIRED)

15 APR -1 AM 7: 26
SECRETARY OF STATE
ORIDA