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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

\*\*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. UNITED HOUSING SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

-APR 23 2015 J. HARRIS



H1500000 98964

## COVER LETTER

	•
TO:	Registration Section Division of Corporations
SUBJ	UNITED HOUSING SOLUTIONS LLC
SORT	Name of Limited Liability Company
The en	closed Articles of Organization and f=z(u) are submitted for filing
	return all correspondence concerning this matter to the following:
	LUIS ALEXANDER PAREDES
	Name of Person
	Firm/Company
	6041 W 24 AVE APT 103
	Address
	HIALEAH, FL 33016
	City/State and Zip Code YUSY8505@YAHOO.COM
	B-mail address: (to be used for future unnual report notification)
For fur	ther information concerning this matter, please call:
YU	SAYMI PULIDO786 , 239-7514
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	10 Piling Fee \$\bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$\times\text{\$\sum \text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$  Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Registration Section
	Registration Section Registration Section  Division of Corporations Division of Corporations

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

P.O. Box 6327 Taliahnssee, FL 32314

Aid	LICLES OF ORGANIZATION	FORFLORIDALIME	(ED)[[ABIL][	YCOMPANY		
ARTICLE I - Name:						
The name of the Limit	ed Liubility Company is:					
UNITED HOUSING SOLUTIO	ONS LLC					
	Must and with the words "Li	mited Liability Comp	any, "L.L.C.	," or "LLC.")		
ARTICLE II - Addre	581	1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	21.41.5.6324			
The mailing address ar	id street address of the princ	ipal office of the Lim	ited Liability	Company is:		
Principal Office Addi	rest:	Mailing Address:				
6041 W 24 AVE APT 103 HIALEAH, PL 33016	***************************************	6041 W 24 AV				
717.EAH, PE 93016		MINLESON, PLO	3010			
ARTICLE III - Regis	itered Agent, Registered O	ffice, & Registered .	Agent's Sign:	ature:		
(The Limited Liability	Company cannot serve as it y with an active Florida regle	s own Registered Age	ent. You must	i designate an individu	el or	
The name and the Flor	lda street address of the regi	stered agent are:				
	YUSAYMI PULIDO			_		
		Name				
	8041 W 24 AVE APT 103			_		
	Plorida street address (P.C	D. Box <u>NOT</u> acceptal	ole)			
	HIALEAH	FL 3301	16	_		
	City		Zip	_		
the place designate capacity. I further a		accept the appointme istors of all statutes re the obligations of my Chapter 605, F.S.	nt as register elating to the p position as re LUTS	ed agent and agree to c proper and complete p	act in this erformance ided for in	
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"MGR" - Manager  MGR - Manager  (Use attachment if necessary)  (OPTIONAL)  a effective date is listed, the date must be specific and cannot be more than five business days priar to or 90 days after late of filing.)  (ICLE VI: Other provisions, if any.  REQUITED OF Provisions, if any.  REQUITED OF ALEXA of CR PORTAGE (In a Manager of State constitutes a fiftension under the penalties of penjury that the facts rated ferein are true. I am saware that any false information submitted in a document to the Department of State constitutes a fiftension under the penalties of penjury that the facts rated ferein are true. I am saware that any false information submitted in a document to the Department of State constitutes a fiftension under the penalties of penjury that the facts rated ferein are true. I am saware that any false information submitted in a document to the Department of State constitutes a fair degree fellows as provided for in a 171-152, F.S.)  YURAYMETINO MORE PRODUCTIONAL AND PREVIOUS AND PRE	Title:	Name and Address:	
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