

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : CORP USA  
 Account Number : 072450003255  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
 UNITED HOUSING SOLUTIONS LLC**

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

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APR 23 2015  
**J. HARRIS**

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNITED HOUSING SOLUTIONS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please 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  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YUSAYMI PULIDO at (786) 239-7514  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & 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  
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNITED HOUSING SOLUTIONS 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:

8041 W 24 AVE APT 103  
HIALEAH, FL 33016

8041 W 24 AVE APT 103  
HIALEAH, FL 33016

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:

YUSAYMI PULIDO

Name

8041 W 24 AVE APT 103

Florida street address (P.O. Box **NOT** acceptable)

HIALEAH

City

FL 33016

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.*

*[Handwritten signature]*  
4/20/15

Luis Alexander Paredes  
AMOR

YUSAYMI PULIDO

AMOR

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager AMBR	LUIS ALEXANDER PAREDES 6041 W 24 AVE APT 103 HIALEAH, FL 33016
MGR	YUSAYMI PULIDO 6041 W 24 AVE APT 103 HIALEAH, FL 33016

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Yusaymi Pulido*  
YUSAYMI PULIDO MGR

Luis Alexander Paredes  
AMBR

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.)

YUSAYMI PULIDO MGR / LUIS ALEXANDER PAREDES AMBR

Typed or printed name of signee

**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)

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