

615000093482

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000128496 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : MICHAEL D. HORLICK, P.A.
Account Number : 072100000126
Phone : (941)484-5656
Fax Number : (941)484-1650

2015 MAY 28 A 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: COASTALCARE@MAC.COM

RECEIVED
15 MAY 28 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
HIS Residential, LLC

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

Fax Audit #: H150001284963

**ARTICLES OF ORGANIZATION
OF
HIS RESIDENTIAL, LLC**

(A Florida Limited Liability Company)

The undersigned organizer hereby adopts these Articles of Organization for the purpose of forming a Limited Liability Company under The Florida Limited Liability Company Act, Chapter 605 of the Florida Statutes (the "Act").

1. **NAME.** The name of this limited liability company (the "Company") is **HIS Residential, LLC.**

2. **EFFECTIVE DATE AND DURATION.** The existence of the Company shall commence on May 28, 2015. The period of duration of the Company shall be perpetual.

3. **PURPOSE.** The purpose and business of the Company shall be to engage in any lawful act or activity which may be carried on by a limited liability company under the Act.

4. **MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE.**
The mailing address and street address of the principal office of the Company is: 340 Tamiami Trail South, Nokomis, Florida 34275.

5. **REGISTERED AGENT.** The name and address of the initial Registered Agent of the Company is: Victoria Pettograsso, 340 South Tamiami Trail, Nokomis, Florida 34275.

6. **MANAGEMENT BY MANAGERS.** A Member of the Company shall not be a Manager by virtue of his status as a Member. The Company shall be managed by one or more Managers appointed by the Members. The names and addresses of the initial Managers who shall manage the Company are as follows:

Victoria Pettograsso, 340 South Tamiami Trail, Nokomis, Florida 34275
Frank Malatesta, 340 South Tamiami Trail, Nokomis, Florida 34275

7. **ADDITIONAL MEMBERS.** New Members may be admitted only upon the unanimous written consent of the Members and in accordance with restrictions set forth in the Operating Agreement of the Company.

Fax Audit #: H150001284963


Horlick & Corbridge, P.A.
1314 E. Venice Avenue - Suite D
Venice, Florida 34285
(941) 484-5656
FL BAR #: 0292583

Fax Audit #: H150001284963

8. **LIMITED LIABILITY.** No Member or Manager or agent of the Company shall be liable under a judgment, decree, or order of a court, or in any other manner for any debt, obligation, or liability of the Company.

9. **RESTRICTIONS ON TRANSFER OF MEMBERSHIP INTERESTS.** Membership Interests in the Company may be transferred only in compliance with the restrictions set forth in the Operating Agreement of the Company. Any attempted transfer in violation of such restrictions shall be void ab initio and of no legal force or effect.

IN WITNESS WHEREOF the undersigned, as Member, hereby execute these Articles of Organization this 28th day of May, 2015.



Victoria Pettograsso

"Authorized Representative"

FILED
2015 MAY 28 A 7:46
CLERK OF STATE
TALLAHASSEE FLORIDA

Fax Audit #: H150001284963

HIS RESIDENTIAL, LLC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been designated Registered Agent to accept service of process for the above stated **HIS RESIDENTIAL, LLC**, at the place designated in this Certificate, the undersigned **Victoria Pettograsso**, whose address is 340 South Tamiami Trail, Nokomis, Florida 34275, does hereby accept the designation, agree to act in that capacity, and agree to comply with the provisions of Florida Statutes relative thereto.

DATED: May 28, 2015



Victoria Pettograsso, Registered Agent

FILED
2015 MAY 28 A 7:46
CLERK OF STATE
TALLAHASSEE, FLORIDA