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(Re	questor's Name)	
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DECY 2015 S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Arak Development & Home Ruilders 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:
Halwyn Haldane Name of Person
Firm/Company
6146 NWGingerfane Address
Port Saint Lucie FL. 34986. City/State and Zip Code City/State and Zip Code B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	\$e	15 NOV 24 PM
AZ OK Development & (Must end with the words "Limited Liability Co	Home Bu	citado os fri
ARTICLE II - Address: The mailing address and street address of the principal office of the I	imited Liability Company	is:
Principal Office Address:	Mailing	Address:
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)		an individual or
The name and the Florida street address of the registered agent are:		
Princeth	entson	_
Florida street address (P.O. Box)	NOT acceptable)	2~2
City State	TLucia, F	<u>-</u> -34886
Having been named as registered agent and to accept service of process place designated in this certificate. I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	egistered agent and agree to proper and complete perfor	o act in this capacity. I rmance of my duties, and I
Registered Agent's	Signature (REQUIRED)	
(CONTIN	UED)	
Page 1	of2	

شمر با در ۱۳۳۹	••		N A A B B
<u>Title:</u> "AMBR" =	Authorized Membe		Name and Address:
"MGR" = M		ngr>	Halwyn Haldone buballangerfore
Ar	MBR	->	Winston Thompson
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RTICLE V: Effective date is the date of filing.) Note: If the date inserted the document's effective date of the date inserted the document's effective date.	ve date, if other than its listed, the date merted in this block of tive date on the Dep	ust be specific and loes not meet the ap	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed a
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RTICLE V: Effecti f an effective date is ne date of filing.) (ote: If the date inse- ne document's effect RTICLE VI: Other	ve date, if other than a listed, the date mented in this block of tive date on the Deprovisions, if any. Signature This document I am aware that constitutes a this	ioes not meet the appartment of State's eof a member or a is executed in according to degree felony as	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed a records. an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)