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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Home Builder 3, LLC
BODGECI	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	John Peters
	Name of Person
	Firm/Company
	3195 N. Powerline Rd., Suite 110
	Address
	Pompano Beach, FL 33069
	City/State and Zip Code john@urgi.co
·	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	John Peters 954 551-9892 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	Siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Lia	bility Company is:			
Home Builders 3	, LLC			
	end with the words "Limited	Liability Compar	ıy, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal o	ffice of the Limite	ed Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address	<u>s</u> :
3195 N. Powerlin Suite 110 Pompano Beach,		<u>SA</u>	AME	
ARTICLE III - Registered (The Limited Liability Comp another business entity with	any cannot serve as its own	Registered Agent	ent's Signature: . You must designate an indiv	idual or
The name and the Florida str	eet address of the registered	agent are:		
	John Peters			
		Name		
	3195 N. Powerline R	d., Suite 110		
	Florida street address		acceptable)	
	Pompano Beach	FL	33069	
	City	State	Zip	
place designated in this certific urther agree to comply with th	ate, I hereby accept the appo e provisions of all statutes re e obligations of my position o	ointment as registe elating to the prope as registered agen JOHN PELEY	he above stated limited liability ered agent and agree to act in t er and complete performance of t as provided for in Chapter 60 S ature (REQUIRED)	this capacity. I of my duties, and I
	Rogisk	(CONTINUED	,	TAL SE

Page 1 of 2

SECRETARY OF STANDARD AND ANALYSISE FLORIDA

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR '	John Peters
	3195 N. Powerline Rd., Suite 110
	Pompano Beach, FL 33069
AMBR	Zoltan Kurucz
	3195 N. Powerline Rd., Suite 110
	Pompano Beach, FL 33069
AMBR	Endre Banfi
	3195 N. Powerline Rd., Suite 110
	Pompano Beach, FL 33069
AMBR	Lajos Nagy
	3195 N. Powerline Rd., Suite 110
	Pompano Beach, FL 33069
(Use attachment if necessary)	
•	te date of filing: (OPTIONAL)
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block doe ment's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ective date is listed, the date must of filling.) the date inserted in this block doe	be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not transfer of State's records.
E V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block doe ment's effective date on the Depart E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 or some some specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block doe ment's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	John Peters f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
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