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MAY 2 3 2016

T. BROWN

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	SCHENLEY HOMES, LLC
SODJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ANTONIO R. GONZALEZ
	Name of Person
	Firm/Company
	782 NW 42 AVE STE 630
	Address
	MIAMI, FL 33126
	City/State and Zip Code
	PIO@SFLD.NET
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	ANTONIO R. GONZALEZ 305 445-9855
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
] \$125,00	O Filing Fee \$\ \text{Certificate of Status} \ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \te

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

A	RT	ICI	\mathbf{E} 1	[_]	Nα	me

The name of the Limited Liability Company is:

SCHENLEY HOMES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

16 MAY 23 PH 2:21

Mailing Address:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

782 NW 42 AVE STE 630	782 NW 42 AVE STE 630
MIAMI, FL 33126	MIAMI, FL 33126

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:

Principal Office Address:

ANTONIO R. GONZALEZ		
	Name	·
782 NW 42 AVE ST	E 630	
Florida street addres	s (P.O. Box NOT ac	cceptable)
MIAMI	FL	33126
City	State	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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REOUTR

A	RTI	F	IV.

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

<u>Title:</u>		Name and Address:
	Authorized Member	2
"MGR" =		-
<u>AMBR</u>	 -	OTC § , LLC 782 NW 42 AVE STE 630
		MIAMI, FL 33126
		MIAWII, FL 55120
AMBR		AJDA CONSULTING GROUP, LLC
		7105 SW 64 STREET
		MIAMI, FL 33143
···		
(Use attach	ment if necessary)	
ARTICLE V: Effec	tive date, if other than the date of fi	ling:, (OPTIONAL)
	is listed, the date must be specific	c and cannot be more than five business days prior to or 90 days after
he date of filing.)		
		the applicable statutory filing requirements, this date will not be listed a
the document's effe	ctive date on the Department of St	tate's records.
ARTICLE VI: Othe	r provisions if any	
MITCLE VI. Ouk	provisions, if any.	
REOUIRE	ED SIGNATURE:	
	11/4	(6)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ANTONIO R. GONZALEZ

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)