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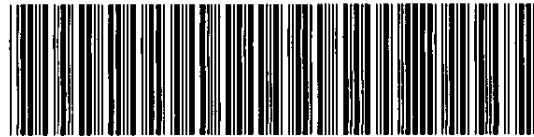
(Business Entity Name)

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Date: 6-3-16

**ENTITY NAME:**

ST PIERRE HOMES LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

X

## Plain Copy

Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

## Certified Copy of Arts & Amendments

# Certificate of Good Standing

**\*\*APOSTILLE'/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION\_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 125

CHECK NUMBER: 2551

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

# Thank you!

Tina Goff, President

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

ST PIERRE HOMES LLC

**ARTICLE II      ADDRESS**

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

104 CAYMAN DRIVE

PALM SPRINGS, FLORIDA 33461

**ARTICLE III      REGISTERED AGENT**

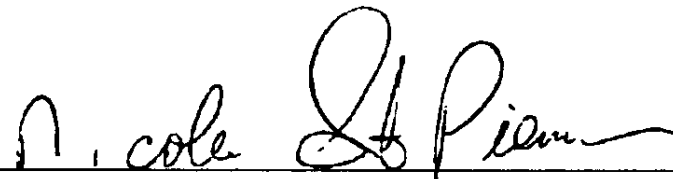
The name and the Florida street address of the registered agent are:

NICOLE ST PIERRE

104 CAYMAN DRIVE

PALM SPRINGS, FLORIDA 33461

*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.*

x 

NICOLE ST PIERRE / Registered Agent's signature

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**ARTICLE IV**

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

AUTHORIZED MEMBER

NICOLE ST PIERRE

104 CAYMAN DRIVE

PALM SPRINGS, FLORIDA 33461

-----  
x Nicole St Pierre

NICOLE ST PIERRE / Authorized Representative's signature

*(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.)*

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