

L16000179934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

L01-3001

Office Use Only



800289872488

09/06/16--01038--018 \*\*130.00

16 SEP 26 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

m. 08/27/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOUSES, LLC  
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:

PATRICIA L RESTREPO

Name of Person

HOUSES, LLC

Firm/Company

3100 NE 48th ST #805

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

patriciaarestrepo@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA L RESTREPO      954      673-5667  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☒ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2016

PATRICIA L RESTREPO  
3100 NE 48TH ST #805  
FORT LAUDERDALE, FL 33308

SUBJECT: HOUSES, LLC  
Ref. Number: W16000063180

We have received your document for HOUSES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Missing page (2) of the Articles. I am enclosing a new form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 016A00019440

16 SEP 26 PM 4:59  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOUSES 2C, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

3100 NE 48th ST. UNIT #805  
FT. LAUDERDALE, FL 33308

Mailing Address:

3100 NE 48th ST. UNIT #805  
FORT LAUDERDALE, FL 33308

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:

PATRICIA L. RESTREPO

Name

3100 NE 48th ST UNIT #805

Florida street address (P.O. Box **NOT** acceptable)

FT LAUDERDALE      FL      33308

City

State

Zip

SECRETARY OF STATE  
ALACHUA COUNTY FLORIDA

16 SEP 26 PM 4:35

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

MGR

MGR

Patricia Restrepo  
3100 NE 48th ST #805  
FT LAUD, FL 33308

Fernando Restrepo  
3100 NE 48th ST #805  
FT LAUD, FL 33308

Jorge E Restrepo  
3100 NE 48th ST #805  
FT LAUD, FL 33308

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Patricia Restrepo

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.

Patricia Restrepo

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)

16 SEP 26 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA