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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE NOV 18 2016

COVER LETTER

TO: Registration Section Division of Corporations	, vi
SUBJECT: PHI HOMES Name of Limit	L. L. C.
Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
ANTHONY BERNARDO	SR.
	Name of Person
PHI Homes.	Name of Person L.L.C. Firm/Company
	Firm/Company
1577 HONURE AUE	-
	Address
SAMSOFA FL	34232 y/State and Zip Code
Cit	y/State and Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please of	call;
ANTHONY BERNARDO at (Are	a 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	Street Address New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	ity Company is:			
2				
PHI H	lomes		L.L.C.	
(Must end	with the words "Limited	d Liability Comp	し,し)
ARTICLE II - Address: The mailing address and street a	address of the principal c	office of the Limi	ted Liability Company is:	•
.			,,,,	
	pal Office Address:		Mailing A	
1577 HONG	DRE AVE		1577 HONORE SARASOFA, FL	AVE-
SARASOFA,	EL 34232		SARASOFA, FL	54232
The name and the Florida street	-	-	DO SR.	-
	1677 1/000	AIC AILC		
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)	-
	City	State	34 23 <u>Z</u>	-
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the app provisions of all statutes r bligations of my position	pointment as registed at the pro- cas registered age	stered agent and agree to oper and complete performent as provided for in Chapenstane (REQUIRED)	act in this capacity. I nance of my duties, and I
		Page 1 of 2		T o

FILED

16 NOV 14 PH 4: 52

SEUNLIMNE H SIANE
IALLAHASSEE, FLORDA

REQUIRED SIGNATURE: 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 of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. ANTIONY BERNARDO SR. 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)	Title: "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager M G R	ANTHONY BEZNAIZIO
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		SARASOFA, FL 34232
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:	<u> </u>	
CLE V: Effective date, if other than the date of filing:		
REQUIRED SIGNATURE: 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. ANTIONY READO SR. 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)		
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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. ANTIONY RENARDO SR. 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)	CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department.	se specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
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\$ 30.00 Certified Copy (Optional)	CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Departre. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is early am aware that any constitutes a third day.	not meet the applicable statutory filing requirements, this date will not be ment of State's records. Therefore representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
\$ 5.00 Certificate of Status (Optional)	CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department's effective date of the Department's effective date of the Department's effective d	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. A Typed or printed name of signee Filing Fees:

ARTICLE IV-