

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L170001970123ABC

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LIGHTSEY & ASSOCIATES, PA
Account Number : I20060000130
Phone : (407) 622-0025
Fax Number : (407) 386-7249

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pierre@hibiscushomesfl.com

RECEIVED
17 JUL 27 PM 3:57
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Hibiscus Homes Realty, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
17 JUL 27 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 28 2017

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Corporate Filing Menu

Help

K. Brumbley

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIBISCUS HOMES REALTY, LLC

(Must contain 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:Mailing Address:7635 Ashley Park CourtSuite 503Orlando, FL 32835

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:

Pierre Marsan

Name

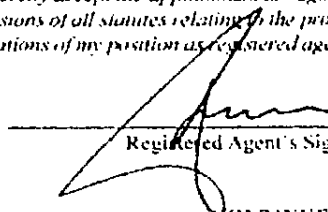
7635 Ashley Park CourtFlorida street address (P.O. Box **NOT** acceptable)OrlandoFL32835

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**Lorena McKeeby7635 Ashley Park Court, Suite 303Orlando, FL 32835

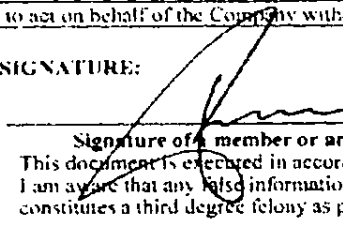
(Use attachment if necessary)

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.

The Manager's authority on behalf of the Company shall be limited to only those actions necessary for the purposes of performing the duties that require a real estate broker's license under Chapter 475, Florida Statutes. The Manager shall have no other authority to act on behalf of the Company without the prior express written approval of the Sole Member.

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.

Pierre Marsan, Sole Member

Typed or printed name of signer

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)

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