

# L11000209767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

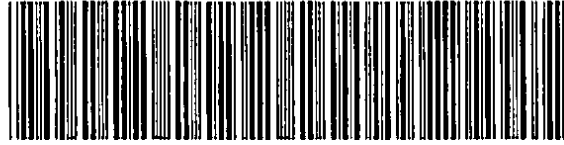
(Business Entity Name)

(Document Number)

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

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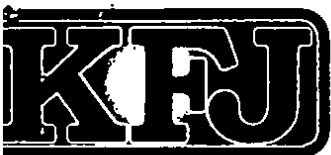
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TALLAHASSEE FLORIDA



LAW OFFICE OF  
**KEVIN F. JURSKINSKI**  
& ASSOCIATES

REAL ESTATE • BUSINESS • CONSTRUCTION • ESTATE PLANNING • PROBATE

October 5, 2017

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: North American Home Management, LLC

Dear Sirs:

Enclosed please find Articles of Organization and a Certificate Designating Registered Agent for the above limited liability company.

We respectfully request that these articles be filed. We have enclosed our check in the amount of \$160.00 for the filing fee and return of a certified copy of the Articles of Organization to the undersigned.

Should you have any questions, please do not hesitate to contact my office. Thank you for your assistance in this matter.

Respectfully,

*Kevin F. Jursinski*

KEVIN F. JURSKINSKI  
(signed in absence to avoid delay)

KFJ\h

Enclosure

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**ARTICLES OF ORGANIZATION OF**  
**NORTH AMERICAN HOME MANAGEMENT, LLC**

The undersigned members hereby certify that they have associated for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**NAME**

The name of the limited liability company shall be **NORTH AMERICAN HOME MANAGEMENT, LLC** (the "Company").

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TALLAHASSEE FLORIDA

**ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of this Company shall be 2316 Pine Ridge Road, Suite 453, Naples, Florida 34109.

**REGISTERED AGENT**

The name and address of the initial registered agent in the State of Florida is as follows:

Olsen Law Partners, LLP  
2518 Edgewater Drive  
Orlando, FL 32804

**MANAGEMENT**

The Company shall be manager-managed, whose name(s) and address are as follows:

Alexandru Victor Vagner  
750 W. Elcam Circle, #216  
Marco Island, FL 34145

### **MEMBERSHIP**

The Members shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

### **EFFECTIVE DATE OF FILING**

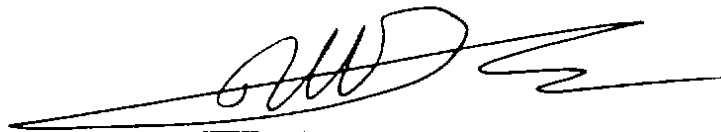
Pursuant to Florida Statute 605.0207 the effective date of filing of these Article of Organization and commencement of the existence of this Limited Liability Company shall be the date these Articles executed.

### **CORRESPONDENCE AND EMAIL ADDRESS**

The following is the address and email address for all correspondence to the limited liability company:

2316 Pine Ridge Road, Suite 453  
Naples, Florida 34109  
Email: [albert@nafdof.com](mailto:albert@nafdof.com)

Executed by the undersigned members at Fort Myers, Florida, on this 3<sup>rd</sup> day of OCTOBER, 2017.



Alexandru Victor Vagner  
its authorized representative / Manager

(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.)

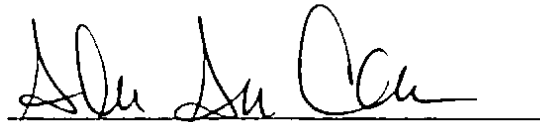
STATE OF FLORIDA

SS:

COUNTY OF COLLIER

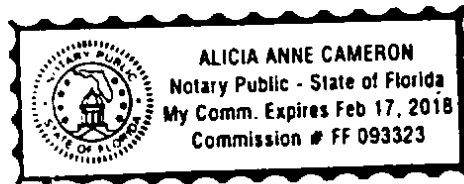
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgements, personally appeared **Alexandru Victor Vagner**, to me known to be the person described herein or who produced known customer as identification, and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 3 day of October, 2017.



NOTARY PUBLIC

(SEAL)



**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE  
AND REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT. IN THE STATE OF FLORIDA.

The name of the limited liability company is **NORTH AMERICAN HOME  
MANAGEMENT, LLC.**

The name of the initial registered agent of the limited liability company is Olsen  
Law Partners, L.L.P. and the address of the office of the registered agent is: 2518  
Edgewater Drive, Orlando, FL 32804.

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept services 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 that 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.,

October IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4 day of  
2017.

OLSEN LAW PARTNERS, L.L.P.

By: 

Printed Name: John Olsen

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA