

L170002/0267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

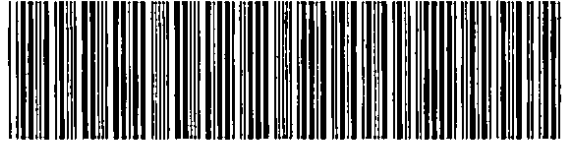
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/10/17--01037--005 **125.00

17 OCT 11 AM 7:37
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA
Harris Homes of Florida 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:

Jeffery Harris
Name of Person

Harris Homes of Florida LLC
Firm/Company

6917 ORIANNA Oaks Dr
Address

Plant City, FL 33567
City/State and Zip Code

inh0125@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffery Harris at (813) 842-2060
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
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 Company is:

FLORIDA
Harris Homes of Florida 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:

Mailing Address:

6917 ORIANNA Oaks Dr
Plant City, FL 33567

6917 ORIANNA Oaks Dr
Plant City, FL 33567

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:

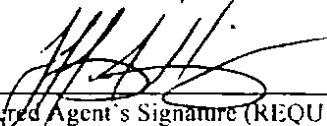
Jeffery Harris
Name

6917 ORIANNA Oaks Dr
Florida street address (P.O. Box NOT acceptable)

Plant City FL 33567
City Zip

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17 OCT 11 AM 7:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

Jeffery Harris

6917 Orianna Oaks Dr

Plant City, FL 33567

MGR

Heather Harris

6917 Orianna Oaks Dr.

Plant City, FL 33567

(Use attachment if necessary)

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97 OCT 11 AM 7:37
TALLAHASSEE, FLORIDA

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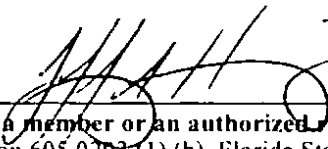
FILED

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Jeffery Harris

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)

FLORIDA
Harris Homes of ~~Florida~~ LLC
6917 ORIANNA Oaks Dr
Plant City, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Harris Homes of Florida LLC:

Jeffery Harris
6917 Orianna Oaks Dr
Plant City, FL 33567

Heather Harris
6917 Orianna Oaks Dr.
Plant City, FL 33567

FILED
17 OCT 11 AM 7:37
CLERK OF COURT
FLORIDA



Jeffery Harris, Organizer

10/03/17

Date