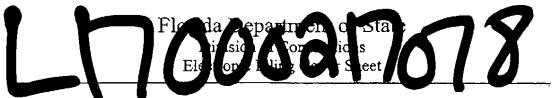
10/19/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000275699 3)))



H170002758993ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone

Fax Number : (305)444-4977

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. PARADISE HOMES DEVELOPMENT LLC

والمراجع والمراجع والمتابع وال	فتتقد والناوية التراوية والمتحدد
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 20 2017

## ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

. Florida st	reat address (P.O. B	lox NOT accept	abic)	Ţ	<u> </u>	<del>-</del>
	300 NW 127 AV	Æ			<u> </u>	•••
•	Name			٠,	1.0	AH II:
	ANGELICA BRI	DWN .	·.	•	ř.	<b>.</b>
he Florida street address of th	e registered agent at	te:	•		€2; €••• 6:7=	19
iability Company camo: servi as entity with an active Florida	s as its own Register a registration.)	red Agent. You r	igneture: nust designate an	individual or		2017 OCT
	<del></del>	SAME_			- -	
	ld:esg;	-	Mailing Ac	ldress:		
	prizcipal office of t	he Limited Liab	ility Company is:			
(Must contain the word	s 'Limited Liability	Company, "L.L	.C.," or "LLC.")	,	•	
			•		•	
					,	•
	PARADISE  (Must contain the word  Address: dress and street address of the  Principal Office Ad  59 SW 81 STREET  AMI FI 33183  Registered Agent, Register isbility Company cannot serve secutive with an active Florida the Florida street address of the	PARADISE HOMES DEVELOR  (Must contain the words "Limited Liability  - Address:  Idress and street address of the principal office of to  Principal Office Address:  59 SW 81 STREET  AMI, FL 33183  - Registered Agent, Registered Office, & Registered Agent, Registered office, & Registered with an active Florida registered agent at ANGELICA BRUNSTIPE  ANGELICA BRUNSTIPE  300 NW 127 AV	PARADISE HOMES DEVELOPMENT LLC  (Must contain the words "Limited Liability Company, "L.L.  Address: Idress and street address of the principal office of the Limited Liab  Principal Office Address:  SAME  SAME  AMIL FL 33183  Registered Agent, Registered Office, & Registered Agent's Sability Company cannot serve as its own Registered Agent Your assently with an active Florida registration.)  The Florida street address of the registered agent are:  ANGELICA BROWN  Name	PARADISE HOMES DEVELOPMENT LLC  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")  -Address:  dress and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Ac  59 SW 81 STREET  SAME  -Registered Agent, Registered Office, & Registered Agent's Signature: iability Company caunot serve as its own Registered Agent You must designate an assecuty with an active Florida registration.)  the Florida street address of the registered agent are:  ANGELICA BROWN  Name	(Must contain the words 'Limited Liability Company, "L.L.C.," or "LLC.")  -Address:   diress and street address of the principal office of the Limited Liability Company is:   Principal Office Address:   Mailing Address:	PARADISE HOMES DEVELOPMENT LLC  (Must contain the words 'Limited Liability Company, "L.L.C.," or "LLC.")  -Address:    dress and street address of the principal office of the Limited Liability Company is:    Principal Office Address:   Mailing Address:   SAME

Having been named as registered agent and to accept service of process for the above stated limited Eability 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 postulation as registered agent as provided for in Chapter 605, F.S.

Registered Agood's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
*AMBR" = Anthorized Member	· · · · · · · · · · · · · · · · · · ·
"MGR" = Manager	
AMBR	ORLANDO FERNANDEZ
·	16222 SW 51 TERR
	MIAINFL 33185
AMBR .	ANGELICA BROWN
	300 NW 127 AVE
•	MIAML FL 33182
	;
EV: Effective date, if other than the	date of filing: 10/12/2017 (OPTIONAL) e specific and cannot be more than five business days prior to or 90
f filing.) the date inserted in this block does : nent's effective date on the Departm	e specific and cannot be more than five husiness days prior to or 90 act ment the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the ective date is listed, the date must b f filing.) the date insected in this block does:	e specific and cannot be more than five husiness days prior to or 90 act ment the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ctive date is listed, the date must b filling.) the date inserted in this block does another of the Department's effective date on the Department.	e specific and cannot be more than five husiness days prior to or 90 act ment the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the crive date is listed, the date must be filling.) the date inserted in this block does a next's effective date on the Departm VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five husiness days prior to or 90 not ment the applicable statutory filing requirements, this date will not sent of State's records.
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does a near's effective date on the Department's effective date on the Department's effective date of the Department is experienced.  Signature of a This document is experienced.	e specific and cannot be more than five business days prior to or 90 not ment the applicable statutory filing requirements, this date will not sent of State's records.  The word of state's records and authorized representative of a member.  Equation is a coordance with section 605,0203 (1) (b). Florida Statutes.
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does a cent's effective date on the Departm IVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a case of the date of the dat	e specific and cannot be more than five business days prior to or 90 not ment the applicable statutory filing requirements, this date will not sent of State's records.  I member or an authorized representative of a member.  Records in accordance with section 605.0203 (1) (b), Florida Statutes, false influmntion submitted in a document to the Department of State
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does a cent's effective date on the Departm IVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a case of the date of the dat	a member or an authorized representative of a member.  accuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted to a document to the Department of State segree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does a cent's effective date on the Departm IVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a case of the date of the dat	e specific and cannot be more than five business days prior to or 90 not ment the applicable statutory filing requirements, this date will not sent of State's records.  I member or an authorized representative of a member.  Records in accordance with section 605.0203 (1) (b), Florida Statutes, false influmntion submitted in a document to the Department of State
E.V.: Effective date, if other than the ctive date is listed, the date must b filing.)  the date inserted in this block does a cent's effective date on the Departm.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a finish document is ex I am aware that any	a member or an authorized representative of a member.  ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State Spree Felony as provided for in s.817.155, F.S.  ANGELICA BROWN