

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
KB NOVA DEVELOPERS, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 FEB - 7 PM 2:50

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

KB Nova Developers, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,").

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**2600 Douglas Road, Suite 805Coral Gables, FL 33134**Mailing Address:**2600 Douglas Road, Suite 805Coral Gables, FL 33134**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:

Valentin Lopez c/o Lopez & Partners, LLC

Name

2600 Douglas Road, Suite 811Florida street address (P.O. Box **NOT** acceptable)Coral Gables FL 33134

City, State, and 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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H18000044534

H18000044534

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager


"MGRM" = Managing Member

**Name and Address:**MGRMOscar Rico465 Glenridge RoadKey Biscayne, Florida 33149Member:Carlos Rico465 Glenridge RoadKey Biscayne, Florida 33149

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: February 6, 2018 (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.)

**REQUIRED SIGNATURE:**  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 601.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Oscar Rico\_\_\_\_\_  
Typed or printed name of signer.

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