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(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

	iew Filing Section Division of Corporations	
SUB IFC	r. Nika Homes LL	1
SUBSTIC	Name of Lim	ited Liability Company
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.
Please retu	arn all correspondence concerning this mat	ter to the following:
	Kavch Abris	Name of Person
	Studio Fine AR	Firm/Company
	2014 NE 155th	Street
For further	North Miami Be Ci Kavch & Studiofi E-mail address: (to be used information concerning this matter, please	ty/State and Zip Code n/art. com for future annual report notification)
i or runner	at (ea Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
]\$125.00 F	Filing Fee \$\int \\$130.00 \text{Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing 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:

Must cont	4 Homes LLC	iability Comp	any, "L.L.C.," o	or "LLC.")		-	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	ffice of the Lim	nited Liability C	Company is:			
Principal Office Address:		Mailing Address:					
	155th Street on Breach, FL 33	102	2014 N Worth M	IE ISSIM ST	trect o, FL 3310	ير	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration	Registered Agen.)			ividual or	1 8	
	Kaven Ak	Name			LAHAS:	18 APR -1	-:-
	2014 NE		irect		Sir.	P	L:
	Florida street address	s (P.O. Box <u>X</u> C	T acceptable)			co co	ب
	North Miami 13	seach FL	3	3162	; , ;	8: 24	
	City	State	Z	ip	;,	t	
Having heen named as registered place designated in this certificate							

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Niloofar Khosravi 2014 NE 135th Street North Mami Peach, FL 33162
(Use attachment if necessary)	
date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as
RTICLE VI: Other provisions, if any.	

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.

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)

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