

**L18000144019**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**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.**

(((H18000176048 3)))



H180001760483ABC2

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)220-1440

2018 JUN 12 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**\*\*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.  
ARBOLEDA'S HOMES OF FLORIDA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$130.00</b>

**RECEIVED**

2018 JUN 12 PM 2:43

FLORIDA  
COMMERCIAL  
SERVICES

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

N CULLIGAN  
JUN 13 2016

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

ARBOLEDA'S HOMES OF FLORIDA, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**5050 SW 163<sup>RD</sup> AVE  
MIRAMAR, FL. 33027**Mailing Address:**5050 SW 163<sup>RD</sup> AVE  
MIRAMAR, FL. 33027**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:

RICARDO A LORA

Name

5050 SW 163<sup>RD</sup> AVEFlorida street address (P.O. Box NOT acceptable)

MIRAMAR

FL

33027

City

State

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 provide for in chapter 605, F.S.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2018 JUN 12 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H18000176048

**ARTICLE IV –**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

RICARDO A LORA  
5050 SW 163<sup>RD</sup> AVE  
MIRAMAR, FL. 33027

AMBR

MANUELA LORA  
5050 SW 163<sup>RD</sup> AVE  
MIRAMAR, FL. 33027

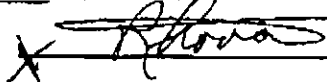
FILED  
2018 JUN 12 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE VI: Other provisions, if any**

X \_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

X  \_\_\_\_\_

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.

H18000176048