

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.

(((H18000364804 3)))



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 Phone : (305)444-4994 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. HOME FINDERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ART	ICLES OF ORGANIZATION FOR	R FLÖRIDA LIMITED	LIABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limite	d Liability Company ic:			
HOME FIN				
(1)	Aust contain the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Addres	s:		_ -	
The mailing address an	I street address of the principal	office of the Limited	Liability Company is.	
	Principal Office Address:		Mailing Address:	
12260 SW 1	32 CT			
STE: 113		SAM	Ę	
MIAMI, FL	33180			
(The Limited Liability Canother business entity	ered Agent, Registered Office Company cannot serve as its on with an active Florida registra: da street address of the register BIZCPAS	m Registered Agent. Y ion.)	tt's Signature: L'ou must designate an individual	
	<u>DIV.1.49</u>	Name		
	1300 NW 84TH A	• • • • • • • • • • • • • • • • • • • •		
	Florida street addre	ess (P.O. Box <u>NOT</u> ac	eceptable)	
	DORAL	FL	33126	
	Circ	State	7in	

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..

Obdulia S. Lemus
Registered Agent's Signanire (REQUIRED)

(CONTINUED)

A	R	TT	CI	ĿE	1	v.

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	MARIO SANCHEZ, JR	
7.2,207.	12318 SW 125 TER	
	MIAMI, FL 33186	
	111 111 11 00 100	-
<u>AM</u> BR	LISSETTE B. PEREZ	
 	12318 SW 125 TER	
	MIAMI, FL 33186	
AMBR	JAVIER SOLORZANO	
	11882 SW 151 AVE	
	MIAMI, FL 33196	
	-	
AMBR	MARIA ALVAREZ	
	11882 SW 151 AVE	
	MIAMI, FL 33196	
(Use attachment if necessary)	•	
A Yemmery was at a more of the second	01/01/2019	
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 busin	ess days prior to or 90 days after
the date of filing.)		
Note: If the date inserted in this block does not meet the a	pplicable statutory filing requiren	nents, this date will not be listed as
the document's effective date on the Department of State's	records.	
ARTICLE VI: Other provisions, if any.		
, viiii pivilion, aug,		
		

REOURED SIGNATURE:

Mario Sanchez, In.

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.

MARIO SANCHEZ, JR

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)