L19000175383

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400331265394

07/05/13--01023--010 **160.00

SECKETARY OF STATE

GOVER LETTER

	New F衛ng Section Division of Corporations	
SUBJECT	Florida Home Purchases, LLC	
30131.01	Name of Limited Liability Company	
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	
Please reti	arn all correspondence concerning this matter to the following:	
	Michael Aragon	
	Name of Person	
	Firm/Company	
	4601 S Clark Ave	
	Address	
	Tampa, FL 33611	
	City/State and Zip Code michaelaragonfl@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further i	information concerning this matter, please call:	
	Michael Aragon 813 4530095	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	
S125.00 F	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)	d)
	Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>. t</u>	Florida Home Purchases, LLC (Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "L.L.C.")
ARTICLE I	II - Address:	
	address and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
3	690 W Gandy BLVD Suite 407	3690 W Gandy BLVD Suite 407
-1	ampa, FL 33611	Tampa, FL 33611

ne and the Florida street address of the registered agent are:

Michael Aragon		
	Name	
3690 W Gandy B	LVD Suite 407	
Florida street add	ress (P.O. Box <u>NOT</u> ac	eceptable)
Tampa	FL_	33611
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 provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETION STATE

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address: Michael Aragon 3690 W Gandy BLVD Suite 407 Tampa, FL 33611
the date of filing.)	ng: (OPTIONAL) und cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State ARTICLE VI: Other provisions, if any.	e's records.
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
This document is executed in a I am aware that any false infor	accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155. F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Michael Aragon