L19000 190 891

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	New Filing Dection Division of Corporations			•
	Land	oak	homes	LLC
SUBJE	(. i	of Limited Liabili		
The en	closed Articles of Organization and fec	e(s) are submitted	for filing.	
Please	return all correspondence concerning t	his matter to the fo	ollowing:	
	Ste	Name of	Diaz	
	La	nd Oa	ik homes	LLC
	P. 0	Firm/Coi	. 830 s	546
		Addre	:ss	
	Mia	mi,	FL 33	3283
	Landonki	City/State and	d Zip Code D gmail. (.00
	E-mail address: (to be	e used for future a	nnual report notification)	
For furth	er information concerning this matter.	please call:		
	Chara Diag	305	088-8	(a) (b)
	Steven Diaz Name of Person	Area Code	Daytime Telephone No	umber
Enclos	ed is a check for the following amount	;		,
]\$ 125.0	0 Filing Fee \$130.00 Filing Fe Certificate of State	us LCertific	ed Copy al copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section		New Filing Section Division of Corporations	
	Division of Corporations P.O. Box 6327		Clifton Building	
	Tallahassee, FL 32314		2661 Executive Center C	irele

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Compar	ny is:			_	
Land	Oak	home	es Ll		
(Must contain the wo	ords "Limited I	_iability Comp	any, "L.L.C.," or	"LLC.")	•
ARTICLE II - Address: The mailing address and street address of	the principal o	ffice of the Lin	nited Liability Cor	mpany is:	
Principal Office	Address:		<u>M</u>	ailing Addr	ess:
2100 Wes	+ 76 S	<u>;+</u>	P.O.	BOX	830546 L 33283
Ste 40 Highean, FL	3301	6		<i> </i> l l	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot so another business entity with an active Flo The name and the Florida street address o	erve as its own rida registratio	Registered Ag m.)	ent. You must des	signate an ind	lividual or
	Ste	ven	Diaz		
- 1 - 2.2		Name		1	
			76 st	(Ste	406)
Florid	la street addres	s (P.O. Box <u>X</u> C	OT acceptable)		
_ hi	ialeah	FL	33	1016	
	City	State	Zip		
Having been named as registered agent and	l to accept servi	ice of process fo	or the above stated	l limited liab	ility company at the

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 Signatur (REQUIRED)

(CONTINUED)

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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	Steven Diaz
"MCE"	2100 West 76 st
, ,65	<u> </u>
	Hialeah, FL 33016
NA	N/A
NA	NA
effective date is listed, the date must be s	te of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be sate of filing.) If the date inserted in this block does not occument's effective date on the Department CLE VI: Other provisions if any	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be of State's records.
ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) : If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a new properties of the date of the da	meet the applicable statutory filing requirements, this date will not but of State's records.
ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exectly am aware that any fall.	meet the applicable statutory filing requirements, this date will not not of State's records.

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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