

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.

(((H20000136364 3)))



H200001363643ABCZ

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 : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cpatig@aol.com

FLORIDA LIMITED LIABILITY CO. AFFORDABLE LOTS USA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

020 HAY -8 PM 12: 3

Electronic Filing Menu

Corporate Filing Menu

Help

1

H20000136364

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AFFORDABI	LE LOTS USA, LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Malling Address:	
1008 BEL AIR DRIVE	1008 BEL AIR DRIVE	
HIGHLAND BEACH, FL 33487	HIGHLAND BEACH, FL 33487	
	Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individue	al or
	Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual egistration.)	at or
(The Limited Liability Company cannot serve a another business entity with an active Florida re	Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual egistration.) egistered agent are:	
(The Limited Liability Company cannot serve a another business entity with an active Florida running and the Florida street address of the running and t	Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual egistration.) egistered agent are:	
(The Limited Liability Company cannot serve a another business entity with an active Florida running and the Florida street address of the running and t	Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual egistration.) egistered agent are: BELLO Name	
(The Limited Liability Company cannot serve a another business entity with an active Florida retained and the Florida street address of the retained and the Florida s	Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual egistration.) egistered agent are: BELLO Name	at or 20 MAY - 5
(The Limited Liability Company cannot serve a another business entity with an active Florida retained and the Florida street address of the retained and the Florida s	Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual egistration.) egistered agent are: BELLO Name SIVE P.O. Box NOT acceptable)	20 HAY -

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)

ANTONELLA DEBELLO

(CONTINUED)

Page 1 of 2

H20000136364

<u>Title:</u> "AMBR" = Authorized Mcmber	Name and Address:
"MGR" = Manager	
AMBR	ANTONELLA DEBELLO
	1008 BEL AIR DRIVE
	HIGHLAND BEACH, FL 33487
	·
	<u></u>
(Use attachment if necessary)	
CLE V: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the defective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the d effective date is listed, the date must be te of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the d effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation I am aware that any false	specific and cannot be more than five business days prior to or 9 Ob Bolli member or an authorized representative of a member.
CLE V: Effective date, if other than the d effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectionstitutes an affirmation I am aware that any false	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true.