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.

(((H20000323279 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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

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

	• .d.d		
FESIL	Address:		

FLORIDA LIMITED LIABILITY CO. T,C,B, HOME MANAGEMENT & DEVELOPERS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

AR	Ü	L	Ι	Æ	1	-]	N	am	le:
THE .	_	_			ē	. 1			

3052201440

The name of the Limited Liability Company is: (Must and with the words "Limited Liability Company, T.C. B. HOME

MANAGEMENTE DEVELOPERS

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liebility Company is: 11750 SW 18 ST Soite 524

M 14Mi, FIA 33175

ARTICLE III - Registered Agent, Registered Office:

ARTICLE III - Registered Agent, Registered Utilice:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another instances entity with an active Florida registration.)

CARLOS SARPINAS

(6614 SD 114 P1, UNIT-E)

MIAMI, FA

3317 485

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company: CARLOS SARDINAS

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)

20 SEP 16 PM 12: 10