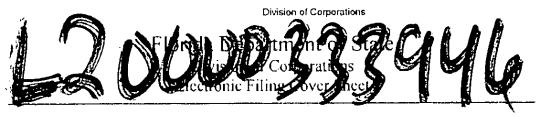
10/29/2020



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.

(((H20000376093 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 : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 : (608)827-5501 Fax Number

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

Email Address: Eakridge@crownhgroup.com

FLORIDA LIMITED LIABILITY CO.

Duke Homes Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

OCT 3 0 2020

T. SCOTT

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION OF		
Duke Homes Florida, LLC		
ARTICLE I	NAME	
.The name of the lim	nited liability-company is: Duke-Homes Florida, LLC	
ARTICLE II	ADDRESS	
	of business and mailing address of this Limited Liability Company shall be: woody Road Ste 400, Atlanta, Georgia 30338.	
ARTICLE III	INITIAL REGISTERED AGENT & STREET ADDRESS	
	ess of the registered agent are: Business Filings Incorporated, 1200 South Pine tion, Florida 33324. Located in the County of Broward.	
liability company at	has registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as	
registered agent and statutes relating to t	I agree to act in this capacity. I further agree to comply with the provisions of a he proper and complete performance of my duties, and I am familiar with and as of my position as registered agent as provided for in Chapter 605, F.S.	
registered agent and statutes relating to t accept the obligation. Signature:	I agree to act in this capacity. I further agree to comply with the provisions of a he proper and complete performance of my duties, and I am familiar with and	
registered agent and statutes relating to t accept the obligation. Signature:	I agree to act in this capacity. I further agree to comply with the provisions of a the proper and complete performance of my duties, and I am familiar with and ms of my position as registered agent as provided for in Chapter 605, F.S. Date: October 28, 2020	

ETT_ED

2020 OCT 29 AM 10: 33

TSTATE
THORIDA

To: Page 4 of 4 2020-10-29 08:39:03 CST

FAX AUDIT # H2000	0376093 3	
ARTICLE V D	URATION	
The duration for the limi	ted liability company shall be: Perpetual.	7.
100 M. M.	AgeDate: 10/28/2020	
Emilia Akridge, Organiz	er	<u>-</u>

16082993912 From: Alexis Gregor

Authorized Representative

(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.)

FAX AUDIT # H20000376093 3