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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Hilary Musser Homes LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

T. BURCH JAH I I YUZI Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hilary Musser Ho			·
(Must ei	nd with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal office of t	he Limited Liability Company is:	
<u>Pring</u>	cipal Office Address:	Mailing Address:	
3200 WASHING WEST PALM BE	TON RD EACH, FL 33405-1647	3200 WASHINGTON RD WEST PALM BEACH, FL 33405-1	1647
(The Limited Liability Comparanother business entity with a	Agent, Registered Office, & Regis	stered Agent's Signature: red Agent. You must designate an individua	
(The Limited Liability Comparanother business entity with a	Agent, Registered Office, & Regis any cannot serve as its own Register an active Florida registration.) eet address of the registered agent an HILARY MUSSER	stered Agent's Signature: red Agent. You must designate an individua	2021 JAN -8 SECKLIANT SEE
(The Limited Liability Comparanother business entity with a	Agent, Registered Office, & Register any cannot serve as its own Register an active Florida registration.) eet address of the registered agent an HILARY MUSSER Name	stered Agent's Signature: red Agent. You must designate an individua re:	2021 JAN -8 AH SECKLIAN SEEK FI
(The Limited Liability Comparanother business entity with a	Agent, Registered Office, & Register any cannot serve as its own Register an active Florida registration.) eet address of the registered agent an HILARY MUSSER Name 3200 WASHINGTON RD	stered Agent's Signature: red Agent. You must designate an individua re: Box <u>NOT</u> acceptable)	2021 JAN -8 AH SECKLIAMASSEE, FL

Having been named as registered agent and to accept service of process for the above stated limited liability company at the piace 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 stantes 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..

Hilary MUSSER

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	HILARY MUSSER
	3200 WASHINGTON RD WEST PALM BEACH, FL 33405-1647
	WEST PAEM BEACH, FC 33403-1047
	<u> </u>
	<u></u>
	<u> </u>
EV: Effective date, if other than the certive date is listed, the date must be follow.	date of filing:
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E V: Effective date, if other than the cetive date is listed, the date must be filing.) the date inserted in this block does need to effective date on the Departm E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is explain a ware that any	e specific and cannot be more than five business days prior to or so of meet the applicable statutory filing requirements, this date will need of State's records.
E V: Effective date, if other than the extive date is listed, the date must be filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any	ot meet the applicable statutory filing requirements, this date will need of State's records. Clary MUSSER member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ective date is listed, the date must be filling.) the date inserted in this block does neent's effective date on the Departm EVI: Other provisions, if any. Signature of a This document is ex I am aware that any constitutes a third do	temporary musself. The specific and cannot be more than five business days prior to or so the more the applicable statutory filing requirements, this date will not ent of State's records. The specific and cannot be more than five business days prior to or so the control of State and State will not set the second statutes false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.