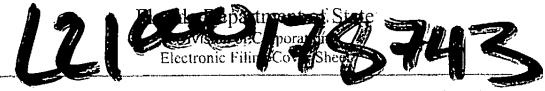
4/23/2021

Division of Corporations



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.

(((H210001627223)))



HZ10001627223ABCK

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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. WESTAR HOMES GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
WESTAR HOMES GROUP LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Molling Address
Principal Office Address:	Mailing Address:
Principal Office Address: 9615 SW 118 ST. MIAMI, FL 33176	Malling Address: SAME

The name and the Florida street address of the registered agent are:

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 pegistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTENUED)

Page: 4 of 4

	Title:	authorized to manage and control the Limited Lin		
	"AMBR" = Authorized Member	Name and Address:		
	"MGR" = Manager			2021 APR 23
	MGR		<u>_</u>	
	MOK	TOMAS PEQUENO 9615 SW 118 ST	<u> </u>	20
		MAMI FL 33176		~\ \\
			<u> </u>	ŭ
	MGR	HILDA ENRIOUEZ	Ž.	77.00
		9615 SW 118 ST.		M 10:
		MIAMI, FL 33176		5
			<u> </u>	
			<u> </u>	24
				
				
••• •	(Use attachment if necessary)	• •	*-,	٠.
	• ′			
ARTIC	• ′			•
ARTIC	I.E.V: Effective date if other than the date	te of filing(O	PFIONAL)	1
the dat	I.E V: Effective date, if other than the date effective date is listed, the date must be see of filing.)	te of filing (O pecific and cannot be more than five business da	ys prior to or 90 da	ys after
the dat	I.E V: Effective date, if other than the date effective date is listed, the date must be see of filing.)	the purpose of those man time diffuses du	ys prior to or 90 da	ys after
the dat	I.E V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not	ment the applicable steems. Cl	ys prior to or 90 da	ys after listed a
Note: the doc	I.E V: Effective date, if other than the date effective date is listed, the date must be specifically. If the date inserted in this block does not numerat's effective date on the Department	ment the applicable steems. Cl	ys prior to or 90 da	ys after listed a
Note: the doc	I.E V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not	ment the applicable steems. Cl	ys prior to or 90 da	ys after listed a
Note: the doc	I.E V: Effective date, if other than the date effective date is listed, the date must be specifically. If the date inserted in this block does not numerat's effective date on the Department	meet the applicable statutory filing requirements, tof State's records.	ys prior to or 90 da,	ys after listed a
Note: the doc	I.E V: Effective date, if other than the date effective date is listed, the date must be specifically. If the date inserted in this block does not numerat's effective date on the Department	meet the applicable statutory filing requirements, tof State's records.	ys prior to or 90 da	ys after listed a
Note: the doc	I.E V: Effective date, if other than the date effective date is listed, the date must be specifically. If the date inserted in this block does not numerat's effective date on the Department	meet the applicable statutory filing requirements, tof State's records.	ys prior to or 90 da,	ys after listed a
Note: the doc	T.E.V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not numerat's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, tof State's records.	ys prior to or 90 da,	ys after listed a
Note: the doc	I.E V: Effective date, if other than the date effective date is listed, the date must be specifically. If the date inserted in this block does not numerat's effective date on the Department	meet the applicable statutory filing requirements, tof State's records.	ys prior to or 90 da,	ys after listed a
Note: the doc	T.E.V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not numerat's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, tof State's records.	ys prior to or 90 da,	ys after listed a
Note: the doc	T.E.V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not numerat's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, t of State's records.	ys prior to or 90 da this date will not be	ys after listed a
Note: the doc	T.E.V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not numerat's effective date on the Department of the Utility of a medical signature of a medical signatur	meet the applicable statutory filing requirements, t of State's records.	ys prior to or 90 da this date will not be	ys after listed a
Note: the doc	T.E.V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not numerat's effective date on the Department of the Utility of the provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed.	meet the applicable statutory filing requirements, t of State's records.	ys prior to or 90 da this date will not be	ys after listed a
Note: the doc	T.E.V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not numerat's effective date on the Department of the Uter provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed an aware that any false.	meet the applicable statutory filing requirements, t of State's records. The property of a ment of the first of a ment of a m	ys prior to or 90 da this date will not be	ys after listed a
Note: the doc	T.E.V: Effective date, if other than the date effective date is listed, the date must be see of filing.) If the date inserted in this block does not numerat's effective date on the Department of the Uter provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed an aware that any false.	meet the applicable statutory filing requirements, t of State's records.	ys prior to or 90 da this date will not be	ys after listed a

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)