Division of Corporations Electronic Filing Cover Sheet

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(((H21000221337 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821

Fax Number : (850)558-1515

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.

PeachTree Community, LLc

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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Help

COVER LETTER

TO:	New Filing Sec Division of Co				
cnote	Peachtree	Community, LLC			
SUBJE		Name	of Limited Lis	bility Company	
The enc.	losed Articles of	f Organization and fe	e(s) are submit	ted for filing.	
Please n	eturn all corresp	ondence concerning	this matter to t	he following:	
	Carlos E. G				
	w	***************************************		of Person	
	AHS Reside	•			
		***************************************		/Сопіралу	
	12895 SW 1	32nd Street			
				ddress	
	Miami, FL				
		sresidential.com		and Zip Code	
			e used for finu	re annual report notificat	ion)
For furthe	r information co	ncerning this matter	, please call:		
	Carlos E Go		305	255-5527	
				e Daytime Telephor	
Encloses	d is a check for t	the following amoun	ı-		
	00 Filing Fee	S130.00 Filing Certificate of Sta	Fee & 🗀:	\$155.00 Filing Fee & diffied Copy (ional copy is enclosed)	#\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address New Filing Section D	Notelog
	Divisi	Filing Section on of Corporations		The Centre of Tallah	assee
		Box 6327 nassee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Peachtree Con	ommoits: LLC			
	st conatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	street address of the principal o	office of the Limited	Liability Company is:	
P	rincipal Office Address:		Malling Address	:
12895 SW 132	2nd St	1289	5 SW 132nd St	
Miami, FL 33	186	Miar	ni, FL 33186	
•	ith an active Florida registration street address of the registered Comporation Service	on.) d agent are: Company	ou must designate an indivi	HASSE
•	ith an active Florida registration street address of the registered Community Service	on.) d agent are:	ou must designate an indivi	HASSE
•	ith an active Florida registration street address of the registered Comporation Service 1201 Hays Street	on.) d agent are: Company		LAHASSEE, FLORIDE
•	ith an active Florida registration struct address of the registered Comporation Service 1201 Hays Street Florida street address	on.) d agent are: Company Name ss (P.O. Box <u>NOT</u> ac		HASSE
•	ith an active Florida registration street address of the registered Comporation Service 1201 Hays Street	on.) d agent are: Company Name ss (P.O. Box <u>NOT</u> ac	cceptable)	HASSE
The name and the Florida laving been named as regis lace designated in this cert wither ugree to comply with	th an active Florida registration street address of the registered Comporation Service 1201 Hays Street Florida street address Tallahassee	con.) d agent are: Company Name State FL State State	ceptable) 32301 Zip above stated limited liability ad agent and agree to act in the and complete performance of and complete performance of a com	company of the his capacity. I fmy duties, and I is, E.S.

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Comp	រាពសាទ
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Title:	Name and Address:		
"AMBR" - Authorized Memb	<i>स</i>		
"MGR" = Manager			
MGR	Emesto Lones		
	12895 SW 132nd St Migni, PL 33186		
	Miana, FL 33.80		
AR	Carlos E. Gonzalez		
	12895 SW 132nd St		
	Minmi, FL 33186		
A.D.	Courted & Manchage		
AR	Osveldo J. Marchenic 12895 SW 132nd St		
	Miami, FL 33186		
AR	Ricardo Blas		
	12895 SW 132nd St Miami, FL 33186		
(If an effective date is listed, the date m the date of filing.)	in the date of filing:		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
Signatur	re of a member or an mithaetied representative of a member.		
	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes.		
	t any thise information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.		
Carlos I	E. Gonzakez		
	Typed or printed name of signee		
	Filing Fees:		

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

- S 5.00 Certificate of Status (Optional)