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.

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| To: | Division of C | Corporations | | | | \$41.2° | (|
| | | : (850)617-6 | 381 | | | <u></u> | • |
| From: | | | | | | 7 | |
| | Account Name | | 10 | | | 965 | |
| | Phone Phone | er : I202000000 : (407)777-7 | 476 | | | ` }- | |
| | Fax Number | : (321)206-9 | | | | | |
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Corporate Filing Menu

Electronic Filing Menu

D OKECEE

Help.

COVER LETTER

| | w Filing Section vision of Corporations | | | |
|----------------|---|--------------------|---|--|
| SUBJECT: | AVS HOMES, LLC | | | |
| SCOJECT. | | f Limited Liabilit | ry Company | |
| The enclose | ed Articles of Organization and fee(| s) are submitted | for filing. | |
| Please retur | n all correspondence concerning thi | s matter to the fo | illowing: | |
| | JUAN CAMILO PEREZ, LLC | • | | • |
| | <u>. </u> | Name of | Person | · |
| | | | | |
| | | Firm/Cor | npany | |
| | 210 N. BUMBY AVE | | | |
| | | Addre | 255 | |
| | ORLANDO, FL 32803 | | | |
| | | City/State and | l Zip Code | |
| - | E-mail address: (to be | used for future a | nnual report notification | on) |
| For further in | nformation concerning this matter, p | lease call: | | |
| | PEREZ, JUAN CAMILO | 407 st (| 9237333 | |
| | Name of Person | Area Code | Daytime Telephone | Number |
| Enclosed is | a check for the following amount: | | | |
| □\$125.00 | Filing Fee = \$130.00 Filing F Certificate of Statu | s Certifi | 5.00 Filing Fee & ed Copy al copy is enclosed) | Certificate of Status & Certificate Copy (additional copy is enclosed) |
| man . | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Mouroe Street Tallahassee, FL 3230 | essee et, Suite 810 |

H210002604543

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liab | ility Company is: | | | | | |
|--|--|--|---|--|---------------------|-----------|
| AVS HOMES, LI | | | | | | |
| (Must co | onatin the words "Limited I | Liability Company, "L | .L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and stree | t address of the principal o | ffice of the Limited Li | ability Company is: | | | |
| Prin | tipal Office Address: | | Mailing Addre | <u>:55</u> : | | |
| 210 N. BUMBY | | | BUMBY AVE | | | |
| ORLANDO, FL | 32803 | ORLA | NDO, FL 32803 | | | |
| ARTICLE III - Registered (The Limited Liability Companother business entity with | any cannot serve as its own an active Florida registration | Registered Agent. Yo on.) | s Signature: u must designate an ind | lividual or | | |
| The name and the Florida stre | et address of the registered | l agent are: | | | | |
| | PEREZ. | IUAN CAMILO Name | | | • | |
| | | • | | | | |
| | 210 N. BUMBY AV | E s (P.O. Box <u>NOT</u> acc | entable) | | | |
| | • | | | | | · |
| | ORL:ANDO City | FL State | 32803 Zip | | | |
| faving been named as register vlace designated in this certific jurther agree to comply with th am familiar with and accept the | ate, I hereby accept the app e provisions of all statutes r e abligations of my position | ointment as registered relating to the proper a | agent and agree to act i nd complete performano provided for in Chapter | n this capacity. I se of my duties, and | | 210 |
| | | (CONTINUED) | | A) LADASSLE, FLORDA | 21 JUL -6 PM 12: 43 | 60 |

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| Title: | | Name and Address: | | | | |
|--|---|---|--|-------------------|----------------------------|-------|
| "AMBR" = Authorized M "MGR" = Manager | ember | | | | | |
| MEMBER | , | IUAN CAMILO PEREZ LLC | | | | |
| WIEWIDLE | <u> </u> | 210 N. BUMBY AVE | | | | |
| | | ORLANDO, FL 32803 | <u> </u> | | | |
| MEMBER | | SVS BROTHERS, LLC | | | | |
| | <u> </u> | 4512 BARRISTER DRIVE | ~ ~~~ | | | |
| | <u>.</u> | CLERMONT, FL 34741 | | - | | |
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| (Use attachment if necess LEV: Effective date, if oth | er than the date of fil | ling: | (OPTIONAI ness days prior t | _) o or 90 (| days a | fter |
| LE V: Effective date, if our flective date is listed, the de of filing.) If the date inserted in this boument's effective date on t | or than the date of files to must be specifically does not meet to Department of Si | e and cannot be more than five busi the applicable statutory filing require | ness days prior t | o or 90 (| | |
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| This doc | or than the date of file at a must be specifically be be specified to be be be because of Si any. RE: nature of a member ment is executed in | the applicable statutory filing require tate's records. er ok an authorized representative n accordance with section 605.0203 | ness days prior tements, this date of a member. (1) (b), Florida S | o or 90 (will not | be liste | ed as |
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)