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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 467346 8181009 AUTHORIZATION : COST LIMIT : \$ 155.00 ORDER DATE: February 9, 2022 ORDER TIME : 2:07 PM ORDER NO. : 467346-005 CUSTOMER NO: 8181009 DOMESTIC FILING NAME: ASTERI HOMES LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP XX __ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX __ CERTIFIED COPY

EXAMINER'S INITIALS: __

CORPORATION SERVICE COMPANY

_____ PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

COVERLETTER							
	w Filing Sectivision of Cor						
SUBJECT:	ASTERI HOMES LLC						
Name of Limited Liability Company							
The enclose	d Articles of	Organization and fee(s) a	re submitted fo	or filing.			
Please return all correspondence concerning this matter to the following:							
	KASSANDR	A KOSTOPOULOS					
	Name of Person						
	ANTHOS PROPERTY MANAGEMENT						
	Firm/Company						
	121 WEST NYACK ROAD, SUITE 12						
	Address						
	NANUET, N	TY 10954					
City/State and Zip Code							
y.carrasco@anthosproperties.com / kassandra@anthosproperties.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	Yasmin Carrasco		∵ 345·)	627-1600			
	Name	e of Person A	Area Code	Daytime Telephon	e Number		
Enclosed is	a check for th	e following amount:					
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address
New Filing Section
Division of Corporations

. . .

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
3 					
ASTERI HOMES LLC					
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
200 SKIFF POINT, #304	121 WEST NYACK ROAD, SUITE 12				
CLEARWATER, FL 33767	NANUET, NY 10954				
·					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)					
The name and the Florida street address of the registered agent a	re:				

Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 City State Zip

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

Corporation Service Company

By Wilson William assistant ver present Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR KASSANDRA M. KOSTOPOULOS 121 West Nyack Road, Suite 12 Nanuct, NY 10954 AMBR HARALAMBOS KOSTOPOULOS 200 Skiff Point #304 Clearwater, FL 33767 MGR KASSANDRA M. KOSTOPOULOS 121 West Nyack Road, Suite 12 Nanuet, NY 10954 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

KASSANDRA M. KOSTOPOULOS

Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)