Division of Corporations Electronic Filing Cover Sheet

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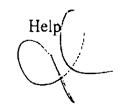
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FLORIDA LIMITED LIABILITY CO. **NEW OLD HOUSE LLC**

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Corporate Filing Menu



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NEW OLD HOUS	SE LLC			
		iability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the L	imited Liability Company is:	
Princ	ripal Office Address:		Mailing Address:	
796 HICKORY L	AKES DR E		796 HICKORY LAKES DR E	
JACKSONVILLE, FL 32225			JACKSONVILLE, FL 32225	
The name and the Florida street address of the registered agent are: YOMAR CHACON Name 796 HICKORY LAKES DR E			HASSEE.FLO	2022 APR 2 AM 9
	Florida street address		NOT acceptable)	9: 07
	JACKSONVILLE	FL	32225	7
	City	State	Zip	
place designated in this certifica further agree to comply with the	ite, I hereby accept the appo provisions of all statutes rel obligations of my position a	intment as ri ating to the s register d	for the above stated limited liability compargistered agent and agree to act in this caparoper and complete performance of my disagent as provided for in Chapter 605, F.S., Signature (REQUIRED)	ocity. I ities, and I

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"MGR" = Manager	YOMAR CHACON 796 HICKORY LAKES DR F, JACKSONVILLE, FL 32225	
AMBR	796 HICKORY LAKES DR F	
	JACKSONVILLE, FL 32225	
MGR	MARCIA DUQUE	
MION	796 HICKORY LAKES DR E	
	JACKSONVILLE, FL 32225	
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(Use attachment if necessary)	SIAIT	π C
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TICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)	
late of filing.)	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not tof State's records.	
TICLE VI: Other provisions, if any.		
	<u> </u>	
REQUIRED SIGNATURE:	/P	
	ember of a puthorized representative of a member.	

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