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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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Account Number : I2000000146 Phone

: (305)444-4994

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**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. AK HOME INVESTMENT LLC

Certified Copy T. SCOTT Page Count Estimated Charge \$155.00 AUG 1 1 2022

Certificate of Status

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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AK HOME INVEST	ain the words "Limited I	Liability Company	"LLC "or "LLC")	
		oraning oranipany,		
ARTICLE II - Address:	11	ee e dan 1 taataa	Listing Comments	
he mailing address and street a	duress of the principal o	trice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
5917 LINCOLN STREET		591	LINCOLN STREET	
HOLLYWOOD, FL 33021		HOI	LYWOOD, FL 33021	
The Limited Liability Company	ent, Registered Office,	& Registered Agen		
The Limited Liability Company nother business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio	& Registered Agent, Registered Agent, n.)	nt's Signature:	
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a The name and the Florida street	ent, Registered Office, cannot serve as its own active Florida registrationaddress of the registered	& Registered Agent. Registered Agent. n.) agent are:	nt's Signature:	
The Limited Liability Company nother business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio	& Registered Agent. Registered Agent. n.) agent are:	nt's Signature:	
The Limited Liability Company nother business entity with an a	ent, Registered Office, cannot serve as its own active Florida registrationaddress of the registered	& Registered Agent. Registered Agent. n.) agent are: Name	nt's Signature:	
The Limited Liability Company nother business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio address of the registered ABEL VILLAFANA	& Registered Agent. Registered Agent. n.) agent are: Name	nt's Signature: You must designate an individual or	
The Limited Liability Company nother business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered ABEL VILLAFANA	& Registered Agent. Registered Agent. n.) agent are: Name	nt's Signature: You must designate an individual or	

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..

/s/ Abel Villafana
Registered Agent's Signature (REQUIRED)

(CONTINUED)

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" + Authorized Membe	rr
"MGR" – Manager	
AMBR	ABEL VILLAFANA 5917 LINCOLN STREET
	HOLLYWOOD, FL 33021
AMBR	ABEL B. VILLAFANA
	5917 LINCOLN STREET HOLLYWOOD, FL 33021
	HOLL 1 WOOD, PL 33021
AMBR	NAIMARELIS ESTRADA
AMDR	5917 LINCOLN STREET
	HOLLYWOOD, FL 33021
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(Use attachment if necessary)	
NATIONAL ASSESSMENT OF THE STATE OF THE STAT	
KIIUI.E V: Effective date, if other tha	n the date of filing:
re date of filing.)	ust be specific and cannot be more than five business days prior to or 90 days after
	loes not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the De	
DUICE E M. Odening of	
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
···=	1 1 01 01:00 1
	/s/ Abel Villafana te of a member or an authorized representative of a member.
Signatur This decomment	te of a member or an authorized representative of a member. Its executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	any false information submitted in a document to the Department of State
	ird degree felony as provided for in s.817.155, F.S.
A 13131	WILL AGAMA
ADUL	VILLAFANA 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)

\$ 5.00 Certificate of Status (Optional)