

## **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ

Account Number : 120220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@MODERNSOLUTIONSGROUP.NET

## FLORIDA LIMITED LIABILITY CO. OAK HOMES LLC

| Certificate of Status | 0        |
|-----------------------|----------|
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## **COVER LETTER**

| Divi             | ision of Corporations  |        |
|------------------|--|--------|
| SUBJECT:         | OAK HOMES LLC  |        |
| 55 <b>26</b> 35  | Name of Limited Liability Company  |        |
| The enclosed     | Articles of Organization and fee(s) are submitted for filing.  |        |
| Please return    | all correspondence concerning this matter to the following:  |        |
| _                | MARIA XIMENA MARTINEZ  |        |
|                  | Name of Person   |        |
| -                | MODERN SOLUTIONS GROUP   |        |
|                  | Firm/Company   |        |
| -                | 2424 W. BRANDON BLVD #1282   |        |
|                  | Address  |        |
| _                | BRANDON, FL 33511  |        |
|                  | City/State and Zip Code INFO@MODERNSOLUTIONSGROUP.NET  |        |
|                  | E-mail address: (to be used for future annual report notification)   |        |
| For further info | ormation concerning this matter, please call:  |        |
| _                | MARIA X MARTINEZ at ( 786 ) 571-4129   |        |
| Enclosed is a    | Name of Person Area Code Daytime Telephone Number  check for the following amount:   | 40W 27 |
| \$125.00 Fili    | <u> </u>   | 700    |
|                  | Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301 | ن .    |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|  | OAK H   | OMES LLC  |   |
|--|---|---|---|
| (Must conta  | in the words "Limited Lia   | bility Company,   | "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:<br>The mailing address and street ad   | dress of the principal offic  | ce of the Limited   | Liability Company is:   |
| Principa   | l Office Address:   |   | Mailing Address:  |
| 733 W COLONIAL DR  | 1   | 733 \   | W COLONIAL DR   |
| , 00 0010  |   |   |   |
| ORLANDO, FL 32804  ARTICLE III - Registered Age (The Limited Liability Company   | nt, Registered Office, & cannot serve as its own Re   | ORL  Registered Ager egistered Agent.                           | ANDO, FL 32804<br>ut's Signature:                               |
| <del></del>  | nt, Registered Office, & cannot serve as its own Rective Florida registration.)   | Registered Ager<br>egistered Agent. '                           | ANDO, FL 32804<br>ut's Signature:                               |
| ORLANDO, FL 32804  ARTICLE III - Registered Age (The Limited Liability Company another business entity with an account of the company another business entity with an account of the company another business entity with an account of the company another business entity with an account of the company and the company another business entity with an account of the company and the comp | nt, Registered Office, & cannot serve as its own Rective Florida registration.) address of the registered ag                      | ORL  Registered Ager egistered Agent. '  gent are: EYBEL ARISTA | ANDO, FL 32804<br>ut's Signature:                               |
| ORLANDO, FL 32804  ARTICLE III - Registered Age (The Limited Liability Company another business entity with an account of the company another business entity with an account of the company another business entity with an account of the company another business entity with an account of the company and the company another business entity with an account of the company and the comp | nt, Registered Office, & cannot serve as its own Rective Florida registration.) address of the registered ag                      | Registered Ager<br>egistered Agent. '                           | ANDO, FL 32804<br>ut's Signature:                               |
| ORLANDO, FL 32804  ARTICLE III - Registered Age (The Limited Liability Company another business entity with an account of the company another business entity with an account of the company another business entity with an account of the company another business entity with an account of the company and the company another business entity with an account of the company and the comp | nt, Registered Office, & cannot serve as its own Rective Florida registration.)  ddress of the registered ag                      | ORL  Registered Ager egistered Agent. '  gent are: EYBEL ARISTA | ANDO, FL 32804<br>ut's Signature:                               |
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| ORLANDO, FL 32804  ARTICLE III - Registered Age (The Limited Liability Company another business entity with an account of the company another business entity with an account of the company another business entity with an account of the company another business entity with an account of the company and the company another business entity with an account of the company and the comp | nt, Registered Office, & cannot serve as its own Rective Florida registration.)  iddress of the registered ag  IVAN R  N  733 W C | Registered Ager egistered Agent. V gent are: EYBEL ARISTA Vame  | ANDO, FL 32804  at's Signature: You must designate an individua |

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..

Ivan Reybel Arista Registered Agent's Signature (REQUIRED)

(CONTINUED)

2 NOV 28 PH I2: 35

| ARTI | $\sim$ 1 | F | IV. |
|------|----------|---|-----|

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

| Title:  |   | Name and Address:  |               |      |
|---|---|--|---------------|------|
| "AMBR" = Auth   |   |  |               |      |
| "MGR" = Manag   | er e  |  |               |      |
| MGR   | <del></del>   | RICHARD ALVAREZ  |               |      |
|   |   | 733 W COLONIAL DR  |               |      |
|   |   | ORLANDO, FL 32804  |               |      |
| MGR   |   | SARA BARBARA ALVAREZ   |               |      |
|   |   | 733 W COLONIAL DR  |               |      |
|   |   | ORLANDO, FL 32804  |               |      |
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