Electronic Filing Gover Sheet

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.

(((H23000039288 3)))



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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:

FLORIDA LIMITED LIABILITY CO. MIA FLOR HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



	. (((<u>H23000039</u>	288 3)))
	COVER LET	TER
	New Filing Section Division of Corporations	
SUBJEC	T: MIA FLOR HOM	ÈS LTC
	Name of Limited Liabi	ny Company
The enclo	osed Articles of Organization and fee(s) are submitted	for filing.
Please ret	turn all correspondence concerning this matter to the	following:
	MARIA XIME	 NA MARTINEZ
	Name o	Person
	MODERN SOLUT	IONS GROUP
	Firm/Co	oripany.
	2424 W. BRANC	ON BLVD #1282
	Add	ress
		N, FL 33511
	City/State ar INFO@MODERNSOLU	
	E-mail address: (to be used for future	nnual report notification)
For further	information concerning this matter, please call:	4
	MARIA XIMENA MARTINEZ at (786	571-4129
	Name of Person Area Code	Daytime Telephone Number
Enclosed :	is a check for the following amount:	
≡ \$125.00	Certificate of Status Certifi	5.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Filing Section Division The Centre of Tallahassee 2-15 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	MAG		
(Must con	ain the words "Limited	OR HOMES LLC Liability Company	"L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddeass of the maineigh o	May of the Limited	Linkillan Communica
ne manning address and street a	duress of the principaro	ince of the Limited	Clability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
45 SW 9TH ST		45 S	W 9TH ST
43 344 311 31			
MIAMI FL 33130			AI FL 33130
MIAMI FL 33130 ARTICLE III - Registered Ag		MIAI	it's Signature:
MIAMI FL 33130 ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	cannot serve as its own active Florida registratio address of the registered	& Registered Age Registered Agent. n.)	
MIAMI FL 33130 ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	cannot serve as its own active Florida registratio	& Registered Age Registered Agent. n.) l agent are:	it's Signature:
MIAMI FL 33130 ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	cannot serve as its own active Florida registratio address of the registered	& Registered Age Registered Agent. n.)	it's Signature:
MIAMI FL 33130 ARTICLE III - Registered Ag	cannot serve as its own active Florida registratio address of the registered	& Registered Age Registered Agent. n.) l agent are:	it's Signature:
MIAMI FL 33130 ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an	cannot serve as its own active Florida registratio address of the registered VILADY ABREU ROD	& Registered Age Registered Agent. n.) l agent are: PRIGUEZ Name	nt's Signature: You must designate an individual or
MIAMI FL 33130 ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an	cannot serve as its own active Florida registratio address of the registered VILADY ABREU ROD	& Registered Age Registered Agent. n.) l agent are: PRIGUEZ 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.

VILADY ABREU RODRIGUEZ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

	= Manager		1		
MGR		_	VILADY ABREU R	ODRIGUEZ	_
			45 SW 9TH ST		
			MIAMI FL 33130		_
MGR			JARLIS FERNAND	DO LUGO	
		-	45 SW 9TH ST		_
			MIAMI FL 33130		<u> </u>
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a effective datate of filing.) If the date is ocument's efficient invests ESTATE INVESTS	inserted in this I fective date on the provisions, if	block does not not the Department of any. JRE:	ecific and cannot be neet the applicable of State's records.	e more than five business days prior to or 9	t be liste

constitutes a third degree felony as provided for in s.817.155, F.S.

VILADY ABREU ROORIGUEZ

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)