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(((H23000127137 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ

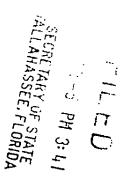
Account Number: I20220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

**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. NEXT HOME RENTALS LLC

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



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COVER LETTER

New Filing Section

TO:

Division of Co	orporations			
SUBJECT:	NEXT H	OME RENTA	LS LLC	
	Name of Lin	nited Liability	Company	
The enclosed Articles o	f Organization and fee(s) are	e submitted for	filing.	
Please return all corresp	ondence concerning this ma	ntter to the follo	owing:	
	MAF	RIA XIMENA N	MARTINEZ	
		Name of Per	son	
	MODER	IN SOLUTION	NS GROUP	
		Firm/Compa	any	
	2424 V	V. BRANDON	BLVD #1282	
		Address		
	£	BRANDON, F	L 33511	
		ity/State and Zi	ip Code DNSGROUP.NE	—————————————————————————————————————
	E-mail address: (to be used	for future annu	al report notificat	ion)
For further information co	oncerning this matter, please	call:		
MARIA XIM	ENA MARTINEZ	786	571-4129	
Nan		rea Code I	Daytime Telephon	e Number
Enclosed is a check for	the following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & Copy Topy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
New I	ng Address Filing Section	Nev	eet Address v Filing Section D	
	on of Corporations Box 6327		Centre of Tallahi 5 N. Monroe Stre	

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NEXT HOME RENTA	LSILC			
(Must cont	ain the words "Limited Liab	bility Company,	"L.L.C" or "LLC.")	
TICLE II - Address:				
mailing address and street a	ddress of the principal offic	e of the Limited	Liability Company is:	
Princip	al Office Address:		Mailing Address:	
1843 SE 8TH TER		1843	1843 SE 8TH TER	
1843 SE 81H TER			HOMESTEAD FL 33034	
HOMESTEAD FL 330	ent, Registered Office, & F	HOM Registered Agen	it's Signature:	
HOMESTEAD FL 330 TICLE III - Registered Age e Limited Liability Company	ent, Registered Office, & F cannot serve as its own Rej active Florida registration.)	HOM Registered Agent, '	it's Signature:	
HOMESTEAD FL 330 TICLE III - Registered Age ther business entity with an a	ent, Registered Office, & F cannot serve as its own Rej active Florida registration.)	HOM Registered Agent. V	it's Signature:	
HOMESTEAD FL 330 TICLE III - Registered Age ther business entity with an a	ent, Registered Office, & F cannot serve as its own Registration.) address of the registered ago	HOM Registered Agent. V	it's Signature:	
HOMESTEAD FL 330 TICLE III - Registered Age ther business entity with an a	ent, Registered Office, & F cannot serve as its own Registration.) address of the registered ago	HOM Registered Agent. Vent are: ENA ame	it's Signature:	
HOMESTEAD FL 330 TICLE III - Registered Age ther business entity with an a	ent, Registered Office, & Formand serve as its own Registre Florida registration.) address of the registered against MARTINEZ, MARIA XIME	HOM Registered Agent. Vent are: ENA ame E 2280	it's Signature: r'ou must designate an individu	
HOMESTEAD FL 330 TICLE III - Registered Age ther business entity with an a	ent, Registered Office, & Formand serve as its own Registive Florida registration.) address of the registered against MARTINEZ, MARIA XIME No.	HOM Registered Agent. Vent are: ENA ame E 2280	nt's Signature: ou must designate an individu	

Hhe 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.

> Maria Ximena Martinez Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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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 NANCY MARLENE RAMOS DE BONILLA MGR 1843 SE 8TH TER HOMESTEAD FL 33034 (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. REAL ESTATE INVESTMENTS

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.

NANCY MARLENE RAMOS DE BONILLA

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)