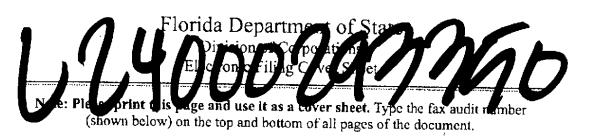
H24000225155



(((H24000225155 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERTAX Account Number : 120200000010 Phone

Fax Number

: (407)777-7470 : (321)206-9743

\*\*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. AMERICAN HOMES BUILDER LLC

The second se	
Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

H 24000225155

Electronic Filing Menu

Corporate Filing Menu

Help

# H24000225155 3

### COVER LETTER

	icw Filing Se Division of Co				
SUBJECT		AN HOMES BUILDE	R LLC		
SOBJEC.	·	Name o	f Limited I	iability Company	······
The enclos	sed Articles o	f Organization and fee(	s) are subm	nitted for filing.	
Please retu	ırn all corresp	ondence concerning th	is matter to	the following:	
				ne of Person	· · · · · · · · · · · · · · · · · · ·
	AMERICA	N SOLUTIONS HOLE			
	_		Fire	n/Company	
	6328 FORT	UNE LN			
			-	 Address	· ·
	APOPKA, I	FL 32712			
			City/Sta	te and Zip Code	
		E-mail address: (to be	used for fu	ture annual report notificat	ion)
For fürther i	nformation co	oncerning this matter, p	icase call:		
	WILDER L		407 t (	202-6283	
	Nan			de Daytime Telephor	ne Number
Enclosed i	s a check for	the following amount:			
	Filing Fee	■\$130.00 Filing Fo Certificate of Status	s C	3\$155.00 Filing Fee & ertified Copy itional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.C. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

PRINTER JUL - I BY S.

. .

Mailing Address:

## H24000225155 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### AMERICAN HOMES BUILDER LLC

Principal Office Address:

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6328 FORTUNE LN APOPKA, FL 32712			6328 FORTUNE LN APOPKA, FL 32712	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its or	wn Registered Ag	Agent's Signature: gent. You must designate an individu	al or
The name and the Florida street ad	dress of the register	red agent are:		
	EXPERTAX FIN:	ANCIAL LLC Name		
	3469 W VINE ST			
	Florida street addi	ess (P.O. Box N	OT acceptable)	
	KISSIMMEE	FLORI	DA 34741	
	City	State	Zip	

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..

WILLIAM MOBOLLON

Registered Agent's Signature (REQUIRED)

# H24000225155 3

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address: cr
MGR	AMERICAN SOLUTIONS HOLDING LLC 16192 COASTAL HIGHWAY LEWES, DE 19958
MGR	WILDER LOPEZ 3902 GREENOCK CT APOPKA, FL 32712
·-	
E V: Effective date, if other the	in the date of filing:
EV: Effective date, if other the ective date is listed, the date not filing.) The date inserted in this block ment's effective date on the De	nust be specific and cannot be more than five business days prior to or 90 d does not meet the applicable statutory filing requirements, this date will not b
ective date is listed, the date n of filing.)	nust be specific and cannot be more than five business days prior to or 90 d does not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other the ective date is listed, the date is of filing.) The date inserted in this block ment's effective date on the Det. EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware the	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.  Light Officers of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State
EV: Effective date, if other the ective date is listed, the date in of filing.) The date inserted in this block ment's effective date on the Det. EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document I am aware the constitutes a the ective date.	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.  Little OPS  re of a member or an authorized representative of a member.  t is executed in accordance with section 605 0203 (1) (b), Florida Statutes.