Florida Department of State

Division of Corporations Electronic Filing Cover 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.

(((H25000009465 3)))



H250000094653ABC+

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone

Fax Number

: (305)675-5944

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

mail	Address:						
------	----------	--	--	--	--	--	--

FLORIDA LIMITED LIABILITY CO. MDZ HOMES DEV LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
MDZ Homes DEY LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
1175W 10st Apt 1309 Miami FL 33130				
Miami FL 33130		 ⊼√		
	JAN -	ן רראאי		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Mario Fermano Zamolo				
Mario Fernando Zamoer 117 SW 10st APT 1309		-		
Miami FL 33130		-		
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Mari O Fernando Zamol a — MGR		.		
		-		
				

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0202(1) (b), Florida Statutes, the execution of this docume

constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depar ment of States

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

Mario Camola

Typed or printed name of signee

SECRETARY OF STATE TALLAHASSEE, FLORID

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..

Registered Agent's Signature (REQUIRED)