

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Lasoo44021

Note: Please enter the page and amount of cover sheet. Enter the fax credit number (shown below) on the top of the cover sheet. If you are filing multiple documents.

((H25000349138 3)))



H250003491383ABC2

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 : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

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

Email Address: lc@evertruehomes.com

FLORIDA LIMITED LIABILITY CO.

9879 N Caravel Ter LLC

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

9879 N CARAVEL TER LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

8107 NW 47th TERRACE

DORAL, FL 33166

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

ARTICLE III – REGISTERED AGENT

The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

EVERTRUE HOMES GROUP LLC

8107 NW 47th TERRACE

DORAL, FL 33166

Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.

Thiago Carreira

Registered Agent (Signature)

ARTICLE IV – MANAGERS

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

Name: **EVERTRUE HOMES GROUP LLC**

Title: **MGMB**

Address: **8107 NW 47th TERRACE**

DORAL, FL 33166

ARTICLE V – EFFECTIVE DATE

Effective date shall be the **filling date**.

REQUIRED SIGNATURE:

Thiago Caixeta

EVERTRUE HOMES GROUP LLC - Member

09/29/2025

Date