

L23000056197

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MARIA XINENA 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. HOUSING OPPORTUNITIES GROUP LLC

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

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: HOUSING OPPORTUNITIES GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA XIMENA MARTINEZ

Name of Person

MODERN SOLUTIONS GROUP

Firm/Company

2424 W. BRANDON BLVD #1282

Address

BRANDON, FL 33511

City/State and Zip Code

INFO@MODERNSOLUTIONSGROUP.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional 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.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOUSING OPPORTUNITIES GROUP LLC

(Must contain 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:

Principal Office Address:

800 NE 12TH AVE APT J249
HOMESTEAD FL 33030

Mailing Address:

800 NE 12TH AVE APT J249
HOMESTEAD FL 33030

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

YILIEN ACOSTA MACEDA
Name

800 NE 12TH AVE APT J249
Florida street address (P.O. Box **NOT** acceptable)

HOMESTEAD FL 33030
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.

YILIEN ACOSTA MACEDA

Registered Agent's Signature (REQUIRED)

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FALL HARBOR FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

YILIEN ACOSTA MACEDA

800 NE 12TH AVE APT J249

HOMESTEAD FL 33030

MGR

PAVEL Y GOMEZ DOMINGUEZ

800 NE 12TH AVE APT J249

HOMESTEAD FL 33030

(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

REQUIRED SIGNATURE:

YILIEN ACOSTA MACEDA

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.

YILIEN ACOSTA MACEDA

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)

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