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TO whom IT may concern:

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WATE: SERGIO LOREZ TALLAHASSEE, FI. ORIDA

ADDRESS: 6605 NW 33RD ST.

GAINESVILLE, FL 32653

DAYTIME TELEPHONE NUMBER: (352)5389429

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

HOME MAINTENANCE

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

6605 N W 33 65 STREET

SECRETARY OF STATE

TALLAHASSEE STATE

ARTICLE I - Name:

SERGIO'S

ARTICLE II - Address:

The name of the Limited Liability Company is:

AKTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
SERGIO LOPEZ Name Name Name STREET Florida street address (P.O. Box NOT acceptable) GANESUILE FL 32653 City, State, and 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 608, F.S Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SERGIO LOPEZ

Filing Fees:

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)