

L05000048345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

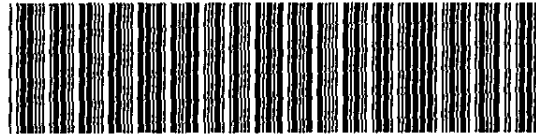
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TRANSMITTAL LETTER

Department of State of Florida
Division of Corporations – Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: KMS HOME SOLUTIONS, LLC

Enclosed is one (1) original and one (1) copy of the Articles of Organization and a check for (please check those that apply):

<input checked="" type="checkbox"/>	\$125.00 (Filing Fee)	
<input type="checkbox"/>	Other Fee \$.	Description
<input type="checkbox"/>	Other Fee \$.	Description

L 41 2 5 - 111 507

FROM: SHANNON HUGHES
4728 BEDFORD ROAD
JACKSONVILLE, FL 32207

CONTACT PHONE NUMBER: 904.642.1947

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

KMS HOME SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

4728 BEDFORD ROAD

JACKSONVILLE, FLORIDA 32207

Mailing Address:

4728 BEDFORD ROAD

JACKSONVILLE, FLORIDA 32207

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

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

SHANNON HUGHES

Name

4728 BEDFORD ROAD

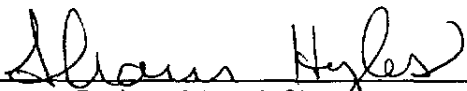
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FLORIDA 32207

City, State, and Zip

STATE OF FLORIDA
JAN 11 2017
2:05 PM -9 P 6 17

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

KRISTINA OBENZA
4728 BEDFORD ROAD
JACKSONVILLE, FL 32207

MGRM

MELANI SMITH
4728 BEDFORD ROAD
JACKSONVILLE, FL 32207

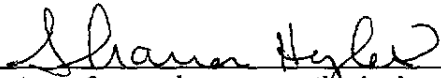
MGRM

SHANNON HUGHES
4728 BEDFORD ROAD
JACKSONVILLE, FL 32207

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

SHANNON HUGHES
Typed or printed name of signee

2008 MAY -9 PM 11:17
STATE OF FLORIDA
RECEIVED

0000000000

Filing Fees:

- \$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)