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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

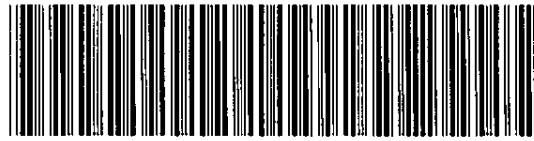
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

C. GOLDEN

MAR - 9 2017

COVER LETTER

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

SUBJECT: HOME ELEVATOR PRODUCTS, 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:

ALBERT C. PENSON
Name of Person
PENSON LAW FIRM, P.A.
Firm/Company
2810 REMINGTON GREEN CIRCLE
Address
TALLAHASSEE, FL 32308
City/State and Zip Code
jwj@pendd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Jennings at (850) 561-8000
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017 MAR -5 PM 3:04
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
HOME ELEVATOR PRODUCTS, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 605, Florida Statutes)

FILED
2017 MAR -5 PM 3:04
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is:

HOME ELEVATOR PRODUCTS, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

7337-B Old Lloyd Road
Monticello, Florida 32344

4. **Mailing Address.** The mailing address of the limited liability company is:

9141 Old Chemonie Road
Tallahassee, Florida 32309

5. **Manager at Time of Formation.** The name of each manager at the time of formation:

Hiram M. Criswell
9141 Old Chemonie Road
Tallahassee, Florida 32309

6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.

7. **Management.** Management of the Limited Liability Company at the time of formation is by Managers appointed by the Member(s). If more than one Manager is appointed, either Manager shall have authority to act on behalf of the Company.

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Hiram M. Criswell
9141 Old Chemonie Rd.
Tallahassee, Florida 32309


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.



Hiram M. Criswell

9. **Effective Date.** The effective date of the limited liability company shall be:

March 8, 2017



Hiram M. Criswell
Manager

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.

2017 MAR -9 PM 3:04
STATE OF FLORIDA
DEPARTMENT OF STATE