L06000029157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

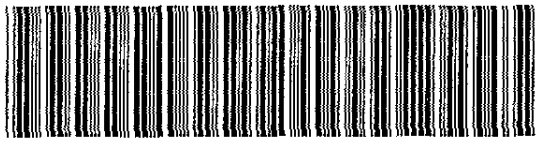
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

03/20/06

EFFECTIVE DATE
03/06/03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED HOME SOLUTIONS 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:

KARONNIE D. LAFAVORS
(Name of Person)

ADVANCED HOME SOLUTIONS LLC
(Firm/Company)

6919 WEST BROWARD BLVD # 196
(Address)

PLANTATION, FLORIDA 33317
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KARONNIE D. LAFAVORS at (954) 707-1255
(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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ADVANCED HOME SOLUTIONS LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
ADVANCED HOME SOLUTIONS LLC	ADVANCED HOME SOLUTIONS LLC
6919 WEST BROWARD BLVD. #196	6919 WEST BROWARD BLVD. #196
PLANTATION, FL 33317	PLANTATION, FL 33317

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TALLAHASSEE, FLORIDA

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:

KARONNIE D. LAFAVORS
Name

6919 WEST BROWARD BLVD. #196
Florida street address (P.O. Box **NOT** acceptable)

PLANTATION, FL , 33317
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..

Karonnie D. LaFavors
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 03/06/03

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:**
MGR	KARONNIE D. LAFAVORS 6919 WEST BROWARD BLVD. # 196 PLANTATION, FL 33317
MGRM	ANTOYA LEE 6919 WEST BROWARD BLVD. #196 PLANTATION, FL 33317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 6TH 2006 . (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.)

REQUIRED SIGNATURE:

Karonnie D. LaFavors

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.)

KARONNIE D. LAFAVORS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)