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Florida Department of State
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From:
Account Name : MILLIKEN P.C.
Account Number : I19990000078
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LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 19

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01 OCT 22 AM 7:50
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is **ALLIANCE RENOVATIONS LLC**

ARTICLE II

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

17425 CEDARWOOD LOOP, LUTZ, FL 33558-

ARTICLE III

The period of duration for the Limited Liability Company shall be **January 1, 2071.**

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

✓ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) are:

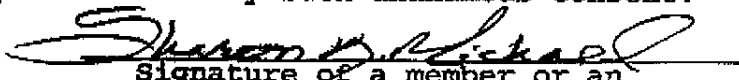
**JOHN BLAND, 17425 CEDARWOOD LOOP, LUTZ, FL, 33558- WEVEST, LLC,
18161 HERON WALK DRIVE, TAMPA, FL, 33647**

ARTICLE V

The right, if given of the members to admit additional members and the terms and conditions of the admissions shall be with unanimous consent of the members, as provided in Section 608.4232, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

ARTICLE VI

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be with unanimous consent of the members, as provided in Section 608.441, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.


Signature of a member or an
authorized representative of a member

Prepared By: ~~Sharon M. Michael~~ Milliken P.C., 4643 E. Thomas, #9, Phx, AZ 85018

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ALLIANCE RENOVATIONS LLC

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

ALBERTA P. BLAND

NAME

17425 Cedarwood LoopFlorida street address (P. O. Box NOT ACCEPTABLE)LutzFL33558

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.*


ALBERTA P. BLAND SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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