

LO1000019157

**HOUSING SOLUTIONS GROUP LLC**

PO Box 351422  
Jacksonville, FL 32205-1422

August 6, 2001

Florida Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

700004522977--3  
-08/07/01--01073--004  
\*\*\*135.00 \*\*\*135.00

To Whom It May Concern:


Attached please find the Articles of Organization for Housing Solutions Group LLC

Leslie J Personeus  
12014 Cobblewood Ln, N  
Jacksonville, FL 32225  
Phone 904-564-2323  
Fax 904-564-2518

700004522977--3  
-11/05/01--01060--002  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Enclosed also is my check for \$135 to cover Filing Fee, Certified Copy & Certificate of Status.

Sincerely,

  
Leslie J Personeus  
Manager

FILED  
01 AUG -7 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19157



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 9, 2001

LESLIE PERSONEUS  
12014 COBBLEWOOD LN, N  
JACKSONVILLE, FL 32225

SUBJECT: HOUSING SOLUTIONS GROUP LLC  
Ref. Number: W01000018455

~~800004666128--8~~  
~~-11/05/01-01000--002~~  
~~\*\*\*\*\*25.00 \*\*\*\*\*25.00~~

We have received your document for HOUSING SOLUTIONS GROUP LLC and check(s) totaling \$135.00 of which \$135.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 501A00045853

FILED  
01 AUG -7 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Housing Solutions Group LLC

ARTICLE II - Address:

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

Mailing Address

PO Box 351422

Jacksonville, FL 32225-1422

Street Address

12014 Cobblewood Lane, N

Jacksonville, FL 32225

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

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

Leslie J. Personeus

Name

12014 Cobblewood Ln. N

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

Jacksonville FL 32225

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.*

Leslie J. Personeus  
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.

Article V - Effective Date

The effective date of this Limited Liability Company shall be: August 1, 2001

(An additional article must be added if an effective date is requested)

Leslie J. Personeus  
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.)

Leslie J Personeus

Typed or printed name of signee

FILED  
01 AUG - 7 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)