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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

x (850)205-0383

Froms

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 : (305)634~3694 Phone

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

integrated housing solutions, llc

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Certificate of Status	0
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Estimated Charge	\$155.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

INTEGRATED HOUSING SOLUTIONS, LLC.

ARTICLE I

The name of the Limited Liability Company shall be: INTEGRATED HOUSING SOLUTIONS, LLC.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 701 NORTHPOINT PARKWAY, SUTTE 220, WEST PLAM BEACH, FL 33407

ARTICLE IV

The name and the Florida street address of the registered agent are: MICHAEL R. PRESLEY, ESQ., 701 NORTHPOINT PARKWAY, SUITE 220, WEST PALM BEACH, FL 33407

ARTICLE V

The names of the Managing Members shall be:

MICHAEL R. PRESLEY
BRYANT D. FRAVEL
CROFT INVESTMENTS LIMITED PARTNERSHIP

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

INtegnated Abasing Sileting CCC.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Registered Agent

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.)

Typed or printed name of signee

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