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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: HOME SOLUTION SYSTEMS LLC.
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUART HART

(Name of Person)

CANRICO DIVERSIFIED INVESTMENT CORP.

(Firm/Company)

4023 W. WATERS AVE. #1414

(Address)

TAMPA, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

STUART HART

(Name of Person)

at (813) 956-1206

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: HOME SOLUTION SYSTEMS, LLC OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

4023 W. WATERS AVE. #14114
TAMPA, FL 33614

Mailing Address:

4023 W. WATERS AVE #14114
TAMPA, FL 33614

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

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

Chanelle T. Cox
Name

14301 Bruce B. Downs Blvd #411
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33613
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..

Chanelle T. Cox
Registered Agent's Signature

(CONTINUED)

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

MGRM

Name and Address:

CANRICO DIVERSIFIED INVESTMENT CORP.
4023 W. WATERS AVE #14114
TAMPA, FL 33614

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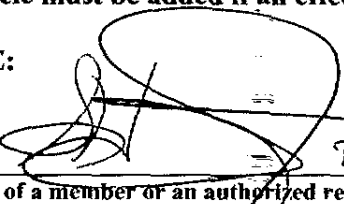
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


PRESIDENT
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.)

STUART HART

Typed or printed name of signee

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)