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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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FILED

SUBJECT: JAMES D. D'AREVEDO

Name of Limited Liability Company)

SEURCTARY 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:

(Firm/Company)

24545 542 192 AUE (Address)

HOMESTARD IL 33031

For further information concerning this matter, please call:

JAMES D'AZONEDO at (286) 255-2982
(Name of Person) (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**

FILED

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FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	TALLAHASSEE. FLORIDA			
The name of the Limited Liability Company is:	/ 2011105			
JAMES D. D'AREVED	O LILIC			
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
24545 Sw 192 AVE	SAME			
HOMESTEAD, FC				
33031				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
JAMES D.D.	'AREVEDO			
24545 56 19. Florida street address (P.O. Box NO.)	2 AUC			
Home 5 tend, FLC City, State, and Zip	ORIDA 3303/			

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, Florida Statutes...

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE

<u>Title:</u> "MGR" = Manager	Name and Address:	TALLAHASSEE, FLORIDA
"MGRM" = Managing Member	NA	
(Use attachment if necessary)		· · · · · · · · · · · · · · · · · · ·

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

REQUIRED SIGNATURE:

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.)

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)