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(Requestor's Name)
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PICK-UP WAIT MAIL
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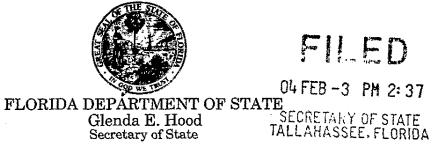
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FILED

January 27, 2004

MICHELINE M. BARLATIER 7769 ALHAMBRA BLVD. MIRAMAR, FL 33023

SUBJECT: GOODWILL HOME Ref. Number: W0400003481

We have received your document for GOODWILL HOME and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6094.

Letter Number: 404A00005494

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassea Florida 32314

TRANSMITTAL LETTER

FILED

TO:

Registration Section
Division of Corporations

04 FEB -3 PM 2:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Goodwill Home

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Micheline M. Barlatier	
***************************************	(Name of Person)
Goodwill Home	
	(Firm/Company)
7769 Alhambra Blvd	
	(Address)
Miramar, FL 33023	
	(City/State and Zip Code)
For further information concerning this matter,	please call:
Micheline M. Barlatier	at (954) 961-2941
(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

Goodwill Home L.L.C.

FILED

7769 ALHAMBRA BLVD. MIRAMAR, FL 33023

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 4, 2004

FLORIDA DEPARTMENT OF STATE AGNES LUNT DOCUMENT SPECIALIST Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: GOODWILL HOME L.L.C. Ref. Number: W0400003481

I am returning my document with the following corrections placing the abbreviation at the end of my Limited Liability Company: "Goodwill Home L.L.C." In addition, I am enclosing a copy of the letter sent by The Division of Corporations, notifying me of the corrections needed.

Micheline Walate

Agent

Ref: Letter Number: 404A00005494

TRANSMITTAL LETTER

FILED

TO:

Registration Section
Division of Corporations

04 FEB -3 PM 2:37

SUBJECT: GOODWILL HOME L.L.C.

SECRETARY OF STATE TALLAHASSEE-FLORIDA

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MICHELINE M. BARLATIER		
	(Name of Person)
GOODWILL HOME L.L.C.		
	(Firm/Company)	
7769 ALHAMBRA BLVD		
	(Address)	
MIRAMAR, FL 33023		
	(City/State and Zip C	ode)
For further information concerning this matter, ple	ease call:	
MICHELINE M. BARLATIER	at (954	₎ 961-2941
(Name of Person)		ode & 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

FILED
04 FEB -3 PM 2:37

	SECRETARIA	
ARTICLE I - Name:	SECKETARY OF STATE TALLAHASSEE, FLORIE	
The name of the Limited Liability Company is:		
GOODWILL HOME L.L.C.		
ARTICLE II - Address:		
The mailing address and street address of the principal	al office of the Limited Liability Company is:	
D	To the A. D. Commission of the	
Principal Office Address:	Mailing Address:	
7964 TROPICANA ST.	7769 ALHAMBRA BLVD	
MIRAMAR, FL 33023	MIRAMAR, FL 33023	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register		
The hazie and the French show address of the register	nou agon aro.	
MICHELINE M. BARLATIER		
Name		
7769 ALHAMBRA BLVD		
Florida street address (P.O. Box	NOT acceptable)	
AND ALLED EL COCCO		
MIRAMAR, FL 33023	FLORIDA	

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 FEB -3 PM 2: 37

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	MICHELINE M. BARLATIER	
	7769 ALHAMBRA BLVD	
	MIRAMAR, FL 33023	

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(Use attachment if necessary)		A Marie A Mari
		_
NOTE: An additional article must	t be added if an effective date is	s requested.
REQUIRED SIGNATURE:		_
Michelun Signature of a member or a	E M Balaties an authorized representative of a me	mber.
(In accordance with section of this document constitutes that the facts stated herein as	608.408(3), Florida Statutes, the execu an affirmation under the penalties of p re true.)	tion erjury
MICHELINE M. BARLATI	ER	

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)

Typed or printed name of signee