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Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Autor Ame Improvement UC
(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:	=		
David de obestart	SECAL	O4 APR	megaza
(Name of Person)	ŽX.		
Autart Home Incresements (Firm/Company)	SEE C	28 F	
(Firm/Company)	711	AH	indian
	, OR	===	U
_5506 31 5t.	_ <u></u>	<u> </u>	
(Address)	, ft.		

For further information concerning this matter, please call:

David de duylant at (\$13) 153-3098
(Name of Person) (Area Code & Davinite 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:
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The name of the Limited Liability Company is:

doublant Home Imax	ovement WC		
ARTICLE II - Address:		ASE O	
The mailing address and street address of the princ	ipal office of the Limited Liabili	Compan	y is:
-	-	AS.	1
Principal Office Address:	Mailing Address:	SEE SEE	
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

SSOC 31 St.

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

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	APR 28 AM
MGR=Manager	Daid dec daylars	11: 43
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(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.)

Typed or printed name of signe

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)