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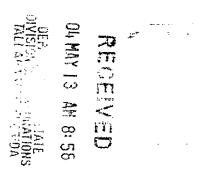
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
Charge Up Water Charge
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special menusions to many constraints





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J. BRYMAN MAY 1 2:2004



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	<u>.</u> <u>.</u>
SUBJECT: Happy Homes LLC (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:	
Robert W. Kornegay (Name of Person)	SECRETARY OF MAY 13
(Firm/Company)	AM 9: 03
408 Meridian RidE	
TAllahassee FL 32303 (City/State and Zip Code)	
For further information concerning this matter, please call:	

Robert Kornegay at (850) 575-2093 (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 FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	THE STATE OF THE S
Happy Homes,	LLC 3
ARTICLE II - Address: The mailing address and street address of the prin	دن cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
408 Meridian Ride TAllahassee FL 32303	408 Meridian Ride TAllahassre FL 32303
ARTICLE III - Registered Agent, Registered C	Office, & Registered Agent's Signature:

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

Robert W. Kornegay

Name

HOB Meridian Ride

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

Tallahassee FL 32303

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..

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:

The hante and address of each manager	or managing member is as follows.
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MgR	Robert W. Lornegay 408 Meridian Ride TAllahussee, FL 32303
······································	
	SECRETAL AHAY
	13 AM 9:
(Use attachment if necessary)	S DEF
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 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)