

# L04000038278

(Requestor's Name)

(Address)

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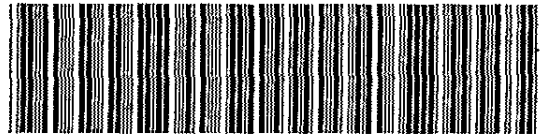
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2004 MAY 12 P 1:26  
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home Helpers C.L.C.  
(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:

ISAAC Chavez  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 56097  
(Address)

Jacksonville, FL 32222  
(City/State and Zip Code)

For further information concerning this matter, please call:

ISAAC Chavez at (239) 218-5469  
(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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Home Helpers C.C.C.

**ARTICLE II - Address:**

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

Principal Office Address:

P.O. Box 56097  
Jacksonville, FL 32241

Mailing Address:

P.O. Box 56097  
Jacksonville, FL 32241

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

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

ISAAC Chavez  
Name

3355 Claire Ln. Apt 101  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32223  
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..*

Isaac Chavez  
Registered Agent's Signature

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SECRETARY OF STATE

**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

**Name and Address:**

MGRM

ISAAC Chavez  
P.O. Box 56097  
Jacksonville, FL 32241

MGRM

Tim Young  
P.O. Box 56097  
Jacksonville, FL 32241

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Isaac Chavez  
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.)

ISAAC Chavez  
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)

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2009 MAY 12 P 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA