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2004 MAY 25 A 9:25

SECRETARY OF STATE



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(Requestor's Name)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

HOME DIRECTION LLC  
(Name of Limited Liability Company)

FILED  
2004 MAY 25 A 9:25  
SECRETARY 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:

CONNIE GREENE

(Name of Person)

HOME DIRECTION, LLC

(Firm/Company)

7540 SANDBLAKE POINTE LOOP - STE-304

(Address)

ORLANDO, FLORIDA 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

RON GREENE

(Name of Person)

at

(407) 353-3192

(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  
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOME DIRECTION, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

7540 SANDLAKE POINTE LOOP  
STE - 304, ATTN. CONNIE GREENE  
ORLANDO, FL 32809

Mailing Address:

CONNIE GREENE  
7540 SANDLAKE POINTE LOOP - #304  
ORLANDO, FLORIDA 32809

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

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

CONNIE GREENE

Name

7540 SANDLAKE POINTE LOOP - STE-304

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

ORLANDO FLORIDA 32809

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..*

CGreene

Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

CONNIE GREENE  
7540 SANDLAKE POINTE LOOP, STE 304  
ORLANDO, FL 32809

MGRM

RON GREENE  
7540 SANDLAKE POINTE LOOP #304  
ORLANDO, FLORIDA 32809

(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.)

RON GREENE

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)