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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

FLORIDA HOUSE SAVERS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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J. BRYAN JUL 22 2004



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: FLORIDA HOUSE SAVERS, LLC
REF: WD4000027822

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

The last page of your document refers to "the corporation" and "these Articles of Incorporation," but the entity is an LLC.

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) 245-6958.

Lee Rivers
Document Specialist

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
FLORIDA HOUSE SAVERS, LLC.**

The undersigned hereby submit these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I - Name:

The name of the limited liability company is Florida House Savers, LLC.

ARTICLE II - Address:

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

Principal Office Address:
5200 Sancerre Circle
Lakeworth, Florida 33463

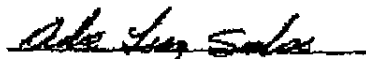
Mailing Address:
5200 Sancerre Circle
Lakeworth, Florida 33463

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

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

Ada Luz Salas
5200 Sancerre Circle
Lakeworth, Florida 33463

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

ARTICLE IV - Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Managing Member

Ada Luz Salas

5200 Sancerre Circle

Lakeworth, Florida 33463

Ada Luz Salas

Signature of a member:

Ada Luz Salas

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