

L04000057284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300039638053

08/02/04--01029--012 **160.00

FILED
04 AUG -2 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GILMAN & CIOCIA

TAX & FINANCIAL PLANNING

10220 U S Highway 19 N • Suite 400 • Port Richey, FL 34668
727.868.9521 tel / 727.869.1941 fax / 888.848.4519 tollfree

Department of State
Registration Section
Division of Corporations
P O Box 6327
Tallahassee FL 32314

July 29, 2004

Subject:

L & M HOME SOLUTIONS LLC

Enclosed are an original and one copy of the Articles of Organization submitted for filing and a check for \$160.00 covering the cost of:

Filing Fee	\$100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	5.00

From: Gilman & Ciocia Inc. c/o B Edgar Cooper
10220 US Hwy 19N Suite 400
Port Richey FL
34668

Telephone: 727-868-9521
Fax : 727-869-1941

FILED
04 AUG -2 AM 10:39
SECRETARY OF
TALLAHASSEE, FLORIDA

Please mail the certified Articles and accompanying documents to Gilman & Ciocia Inc.
at the above address.

Thank you.

Yours truly



B Edgar Cooper, E.A.
Gilman & Ciocia, Inc.

**ARTICLES OF ORGANIZATION
FOR
L & M HOME SOLUTIONS LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is

L & M Home Solutions LLC

**ARTICLE II
ADDRESS**

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

7318 Box Elder Drive
Port Richey, FL
34668

**ARTICLE III
REGISTERED AGENT/OFFICE**

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

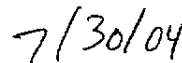
Mitchell Barile
7318 Box Elder Drive
Port Richey, FL
34668

FILED
04 AUG -2 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in the 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.



Signature



Date

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a member – managed company.

The names and addresses of the initial Managing Members are:

MGRM	Mitchell Barile	7318 Box Elder drive Port Richey, FL 34668
MGRM	Leslie Barile	7318 Box Elder drive Port Richey, FL 34668

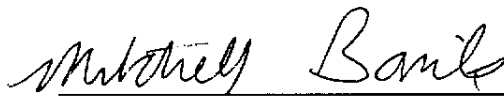
The term of office is not contractual but continues until;

- a) A fixed term of office, as designated by the membership, expires.
- b) The manager is removed with or without cause, by a majority vote of the membership.
- b) The dissociation of such manager.

ARTICLE V DURATION

The term of existence for the Limited Liability Company shall be perpetual from the effective date of

August 1, 2004


Signature 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.)*

FILED
04 AUG -2 AM 10:39
CLERK OF COUNTY OF ALA.
TALLAHASSEE, FLORIDA