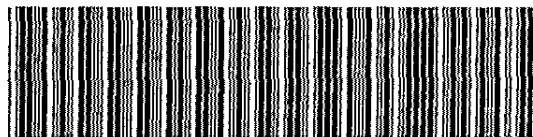


LD 4000063676  
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2004 AUG 26 P 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



200040277752

08/23/04--01039--006 \*\*160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

(Business Entity Name)

(Document Number)

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TO: Registration Section  
Division of Corporations

2004 AUG 26 P 2: 21

SUBJECT: HomeTreasureShop, LLC  
(Name of Limited Liability Company)

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:

Karen Knoblock  
(Name of Person)

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

PO Box 771924  
(Address)

Miami, FL 33177  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Knoblock at (305) 302-2048  
(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

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

**FILED**

2004 AUG 26 P 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HomeTreasureShop, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

PO Box 771924  
Miami, FL 33177

**Mailing Address:**

PO Box 771924  
Miami, FL 33177

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

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

Lazara Gomez

Name

1725 SW 18<sup>th</sup> AVE

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

Miami, FLORIDA 33145

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..*



Registered Agent's Signature

FILED

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

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

2004 AUG 26 P 2: 21

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Karen Knoblock  
18041 SW 149<sup>th</sup> Court  
Miami, FL 33187

MGRM

LUCIO Gomez  
18041 SW 149<sup>th</sup> Court  
Miami, FL 33187

MGRM

Lazara Gomez  
1725 SW 18<sup>th</sup> Ave  
Miami, FL 33145

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Karen Knoblock  
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.)

Karen Knoblock  
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)