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## TRANSMITTAL LETTER

	Registration Se Division of Cor				
SUBJEC	T: Pratt Hon		1 Liability Company)		
The enclo	osed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please ret	turn all correspo	ondence concerning this matte	r to the following:		
	Paul Pres	ston Pratt	Name of Person)		
		(I	vame of rerson)		
Pratt H	iome Service				
		. 0	Firm/Company)		
	4603 Selma	St.	-		-
			(Address)		
	Saras	ota, Florida 34232	State and Zip Code)		
For furthe	er information o	concerning this matter, please			
Paul P. I		- <u>-</u>	at (_941)_544-872	23	
	(Name	of Person)	(Area Code & Daytim	e Telephone Number)	
Enclosed	d is a check fo	r the following amount:	·		
<b>5</b> \$125.0	0 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of	Status &
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	Registration Division on P.O. Box 6	f Corporations	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Pratt Home Service LLC	<b>.</b>			
		<u> </u>		
<b>ARTICLE II - Address:</b> The mailing address and street address of the	principal office of the Limited I	iability Company is:		
Principal Office Address:	Mailing Address:			
4603 Selma Street	4603 Selma Street			
Sarasota, Florida 34232	Sarasota, Florida 34232			
ARTICLE III - Registered Agent, Registered	ed Office, & Registered Agent	's Signature:		
The name and the Florida street address of the	e registered agent are:			
Paul Preston Pratt		SPACE A		
Nam	le	e programme e prog		
4603 Selma Street				
Florida street a	address (P.O. Box NOT acceptable)	<del>sge</del> roddy 1		
Sarasota, Florida 34232	FL			
Cîty, State		tanta. A. A		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as regional complete in the proper and complete paccept the obligations of my position as regional complete in the control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and complete paccept the obligations of my position as regional control of the proper and control of the pr	n this certificate, I hereby accept i city. I further agree to comply wit performance of my duties, and I a	the appointment as th the provisions of all im familiar with and		
Registered Agen	it's Signature	•		
	_	O.		
(CONTI		FILED PH 2: 30		

## 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	Paul P. Pratt
	4603 Selma Street
	Sarasota, Florida 34232
<u> </u>	
(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 of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
Paul Preston Pratt	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee