## 105000013877

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	-	

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## TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
SUBJECT:	flhomes 4 y	ou LLC		
SUBJECT.		Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Dama L. THOM	Scorl		
·	DAVID L. THOMI	lame of Person)		
	1)	Firm/Company)		
	7738 SE 126	sth PL		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Address)		
	BELLEVIEW	FL 34420 State and Zip Code)		
	(City/	State and Zip Code)		
For further information of	concerning this matter, please	call:		
DAVID L. TI	Hom Pson	at (352 ) 245 (Area Code & Daytime To	1270 SECRETARY SECRETARY	
(Name	of Person)	(Area Code & Daytime Te	elephone Number	in the same of the
Enclosed is a check fo	r the following amount:		-7 I	
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ET ADDRESS: ration Section	MAILING A Registration S		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:	
flhomes4you LLC		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
7738 SE 126 th PLICE	7738 SE 126th	Purce
7738 SE 126 4 PACE BELLEVIEW FL 34420	Balleview, FL	34420
The name and the Florida street address of the  DAVID L. THOM!  Name  17728 55 4264	Ps o N e	
7738 SE 126+	ddress (P.O. Box <u>NOT</u> acceptable)	
City, State.	FL 34420 , and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent	this certificate, I hereby acceptify. I further agree to comply werformance of my duties, and I gistered agent as provided for in	t the appointment as with the provisions of all am familiar with and
(CONTI	NUED)	<del>-</del>

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

DAVID L. THOMPSON
7738 SE 126th Puce Belleview, FL 34420
ANN H. THOMPSON 7728 SE 12644 PLACE BELLEVIEW, FL 34420
7778 SE 126 44 PLACE
BELLEVIEW, FL 34420
<del></del>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Dil Litty —

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.)

DAVID L. THOMPSON

Typed or printed name of signee

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)

SECRETARY OF STATE