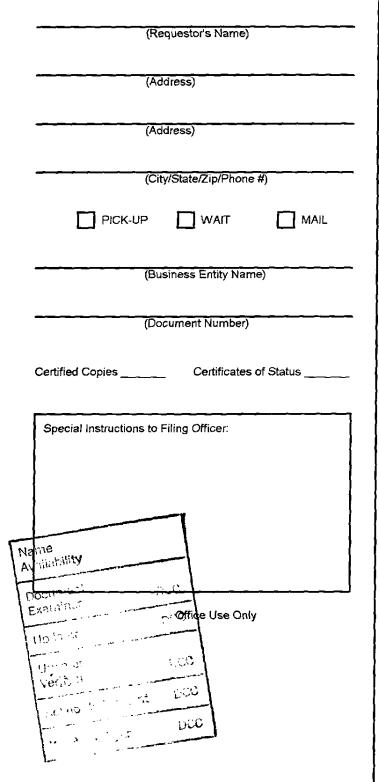
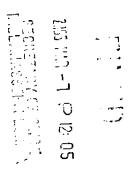
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Sully

TRANSMITTAL LETTER

	on Section of Corporations		
SUBJECT: Rive	er City Home Services LLC		
	eles of Organization and fee(s) are	_	
Piease return all co	orrespondence concerning this matt	ter to the following:	
Dav	id L. Tagliaferri		
1216	6 Biggly Court		
	o Diggly Codit		
Jac	csonville, FL 32224-4640		
_			
_			_
For further informa	tion concerning this matter, please	call:	
David L. Tagliafe	mi	at (904) 641-5405	
Enclosed is a che-	ck for the following amount:		
□ \$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificat Copy (additional copy is enclosed)
R D 4	TREET ADDRESS: egistration Section fivision of Corporations Section General Street Figure 12399	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	rection 57 19



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 25, 2005

DAVID L. TAGLIAFERRI 12166 BIGGLY COURT JACKSONVILLE, FL 32224

SUBJECT: RIVER CITY HOME SERVICES

Ref. Number: W05000009808

We have received your document for RIVER CITY HOME SERVICES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Letter Number: 905A00013213

Diane Cushing Document Specialist

Division of Corporations P.O. ROY 6327 Tallahassas Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I	Name: e Limited Liability Comp	pany is:	
River City Home	Services LLC		
ARTICLE II - The mailing add		of the principal office of the Limited	Liability Company is:
Principal Office Address: 12166 Biggly Court		Mailing Address:	
		12166 Biggly Court	
Jacksonville, FL	32224-4640	Jacksonville, FL 32224-4640	
		gistered Office, & Registered Agen of the registered agent are:	t's Signature:
			
	Jacksonville,	FL 32224-4640	
liability com registered agen statutes relati	npany at the place designont and agree to act in this ing to the proper and compiling ations of my position	and to accept service of process for the ated in this certificate, I hereby accept capacity. I further agree to comply we plete performance of my duties, and I as registered agent as provided for in I as Agent's Signatute	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u> Title:</u>		Name and Address:		
'MGR" = Mana	ger			
'MGRM" = Ma	naging Member			
MGRM		David L. Tagliaferri		
		12166 Biggly Court		
		Jacksonville, FL 32224-4640		
MGRM		Sandra A. Tagliaferri		
		12166 Biggly Court		
		Jacksonville, FL 32224-4640		
				
	 -			
REQUIRED SI	GNATURE:			
	Signature of a member	Tuthing 12 11 or an authorized representative of a member	er.	
	(In accordance with section of this document constitution that the facts stated her	on 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perju ein are true.)	ry	
	David L. Tagliaferri		71. 28.0 28.0	
	Туре	d or printed name of signee		4
Filing Fees	<u>.</u>		ASSI	
	Fee for Articles of Organi istered Agent	zation and Designation	1 p	ر ا المارية المارية المارية
	ed Copy (Optional)			
	ate of Status (Ontional)			