

LOS 000024388

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

Division of Corporations
Fax Number : (850) 205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

tb home solutions, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	03
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TALLAHASSEE, FLORIDA

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(3)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TS HOME SOLUTIONS, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

7115 Colony Pointe Drive
Riverview, Florida 33569

Mailing Address:

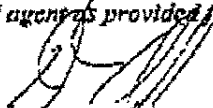
7115 Colony Pointe Drive
Riverview, Florida 33569

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

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

Donald Adkins, Jr.
7115 Colony Pointe Drive
Riverview, Florida 33569

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
Donald Adkins, Jr.

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(Continued)

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

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

Title:

Name and Address

"MGR" = Manager

"MGRM" = Managing Member

Managing Member

Donald Adkins, Jr.
7115 Colony Pointe Drive
Riverview, Florida 33569

Member

Ashley Rader
1604 Tangerine Court
Plant City, Florida 33563

(Use Attachment if necessary)

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

REQUIRED SIGNATURE:



Signature of member or authorized representative of a member
Typed or printed name of signer: Donald Adkins, Jr.

(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.)

EMPLOYEE
05 MAR 10 AM 8:56
SECRETARY HAVE
TALLAHASSEE, FLORIDA

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