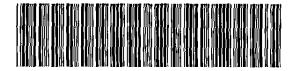
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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SECRETARY OF STATE
NEW ANSSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Service House LLC (Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Brian Robert Willeke	Name of Person)	
(r	value of Ferson's	
The Service House LLC	Firm/Company)	
· ·		
10247 Woodford Bridge Street	(Address)	
Tampa, Florida 33626		
(City/	State and Zip Code)	
For further information concerning this matter, please	call:	
	at (813) 786-4634	
(Name of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:		
■ \$125.00 Filing Fee	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy S, (additional copy of Inclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	DDRESS: SSEE FILE OF SEE FILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is: The Service House LLC			
The mailing address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
10247 Woodford Bridge Street	10247 Woodford Bridge Street		
10247 Woodford Bridge Street	Tampa, FL. 33626		
Brian Robert Willeke Na 10247 Woodford Bridge St	TALLAR A TI		
	address (P.O. Box NOT acceptable)		
Tampa	FI 33626 MG 7 D		
City, State, and Zip			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above timited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S		
Thurs lab	$. \cap A = b$		
Registered Age	llehe		

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Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Rommel Sanchez 9610 N 55th Street
	Tampa, FL. 33617
MGR	FORET, ARTHUR D
	2119 WEST CORDELIA STREET
	Tampa, FL 33607
MGR	Brian Willeke
	10247 Woodford Bridge St. Tampa, FL 33626
	Tampa, FL 33626
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Brian	Willeha
Signature of a member	or an authorized representative of a member.
	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
Brian Willeke	
Type	ed 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)

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