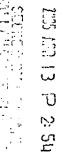
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<u> </u>	(Requestor's I	Vame)	
	(Address)		
	(Address)		
	(City/State/Zip	/Phone #}	
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	(Business Ent	itv Name)	
	(, ,	
	(Document Nu	ımber)	
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Special Instruction	s to Filing Offic	er:	
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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Homes On Cell, LLC		
	ited Liability Company)	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Dr. Tushar S. Kale		
	(Name of Person)	
Homes On Cell, LLC		
	(Firm/Company)	
310 Lake Crest Ct.		
	(Address)	
Weston, FL 33326		
(C	ity/State and Zip Code)	
For further information concerning this matter, plea	se call:	
Dr. Tushar S. Kale	at (954) 650-8483	
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		TEC 755
\$125.00 Filing Fee	& ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	The state of the s
Registration Section Division of Corporations	Registration S Division of Co	
409 E. Gaines Street	P.O. Box 632	7
Tallahassee, Florida 32399	Tallahassee, F	lorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Homes On Cell, LLC	
ARTICLE II - Address: The mailing address and street address of the page.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
310 Lake Crest Ct.	310 Lake Crest Ct.
Weston, FL 33326	Weston, FL 33326
Dr. Tushar S. Kale Name 310 Lake Crest Ct.	
	dress (P.O. Box <u>NOT</u> acceptable)
Weston City, State,	
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

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" = Manag "MGRM" = Mana		Name and Address:		
MGRM		Dr. Tushar S. Kale		
WOT (III	—	310 Lake Crest Ct.	 	
		Weston, FL 33326		_
MGRM		Sunita T. Kale		
	_	310 Lake Crest Ct.		
		Weston, FL 33326		
				
	-			
(Use attachment i	f necessary)			
NOTE: An addi	tional article must be	added if an effective da	te is requested.	
REQUIRED SIG	NATURE:			
	14.1	121		
	Signature of a member of	r an authorized representation	ve of a member.	
		n 608.408(3), Florida Statutes, es an affirmation under the per in are true.)		- 16.5
	TUS He	or printed name of signee	LALE	e de la company
Filing Fees:			2000 W TERF 10 TERF	
_	ee for Articles of Organiz	ation and Designation	2	سو: ``
	d Copy (Optional)		2 2	
	ate of Status (Optional)		-	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY (ATTACHMENT FOR HOMES ON CELL, LLC)

ARTICLE V – Effective Date

The effective date for Homes On Cell, LLC is April 9, 2005

SECRETARY SECTIONS APR 13 P 2: 51