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(Red	questor's Name)			
(Address)				
(Ado	iress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doc	ument Number)			
Certified Copies	Certificates	of Status		
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SEGRETARY OF STATE STATE OF CORPORATIONS
OF UN 25 PM 2: 24

July 22, 2005

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the Transmittal letter, Articles of Organization for the Limited Liability Company and money order for \$125.00. Please process.

Sincerely,

Nancy Palilonis 5611 Tyler Street Hollywood, FL 33021

954.817.3104

TRANSMITTAL LETTER

	ration Se on of Cor	ction rporations			
SUBJECT:		Home Zone, LLC			
		(Name of Limited	Liability Cor	npany)	
The enclosed A	rticles of	Organization and fee(s) are su	ubmitted for fil	ling.	
Please return all	corresp	ondence concerning this matter	r to the follow	ing:	
		Nancy Palil	onis		
		7)	(ame of Person)		
		N/A	Firm/Company)		
		(1	·imicompany)		
		F044 T-1 - Ohn-			
		5611 Tyler Stre	(Address)	, <u>, , , , , , , , , , , , , , , , , , </u>	
			, ,		
		Hollywood, F	L 33021		
			State and Zip Co	ode)	
For further infor	mation o	concerning this matter, please of	call:		
Nan	cy Palil	onis	at (954	817-3104 Code & Daytime Te	
	(Name	of Person)	(Area C	Code & Daytime Te	lephone Number)
Enclosed is a c	heck fo	r the following amount:			
Ø \$125.00 Filiı	ng Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy py is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STRE	ET ADDRESS:		MAILING A	
		ration Section		Registration Section Division of Corporations	
Division of Corporations 409 E. Gaines Street		P.O. Box 6327			
Tallahassee, Florida 32399		Tallahassee, Florida 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Home Zone, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5611 Tyler Street, Hollywood, FL 33021	5611 Tyler Street, Hollywood, FL 33021
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	I Office, & Registered Agent's Signature:
Nancy Palilonis	registered agent are:
Name	PH
5611 Tyler Street	
Florida street add	dress (P.O. Box NOT acceptable)
Hollywood, FL 33021	FL
City, State, a	and Zip

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, F.S..

egistered Agent's Signature

(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:

Title: "MGR" = Manag "MGRM" = Man	ger	me and Address:			
MGR	Na	ncy Palilonis			
WOIX	 	11 Tyler Street			
		llywood, FL 33021			
· · · · · · · · · · · · · · · · · · ·					
	_				
	<u> </u>				
(Use attachment i		ed if an effective date is requested.			
REQUIRED SIG	GNATURE:				
	Manax	Vaulnu6			
	Signature of a member or an a	uthorized representative of a member.			
	(In accordance with section 608, of this document constitutes an a that the facts stated herein are	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury true.)			
	Nancy Palilonis				
	Typed or printed name of signee				
Filing Fees:	· -	· ·			
of Regi \$ 30.00 Certifie	ee for Articles of Organization istered Agent of Copy (Optional) ate of Status (Optional)	and Designation			

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