Division of Corpor Department of State

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2005 AUG 24 A 9: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146 Phone : (305)444-4994 Fax Number : (305) 444-4977

LIMITED LIABILITY COMPANY

HOME LIQUIDATORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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SECRETARY OF STATE
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYOA

ARTICLE I - Name: The name of the Limited Liability Company is:				
HOME LIQUIDATORS, LLC				
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
52 NW 133 PLACE	52 NW 133 PLACE			
MIAMI FL 33182-1641	MIAMI FL 33182-1641			
ARTICLE 111 - Registered Agent, Regist The name and the Florida street address of	tered Office, & Registered Agent's Signature:			
	• •			
The name and the Florida street address of JOSHUA PEREZ	• •			
The name and the Florida street address of JOSHUA PEREZ	the registered agent are:			
The name and the Florida street address of JOSHUA PEREZ 52 NW 133 PLACE	the registered agent are:			
The name and the Florida street address of JOSHUA PEREZ 52 NW 133 PLACE	the registered agent are:			

Having been named as registered agent and to accept service of process for the above stated limited flability 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..

(CONTINUED)

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The name and address of each Mana	sing Member(s): ger or Managing Member is as follows:	2005 AUG 24 A 9: 20
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SLURETARY OF STATE TALLAHASSEE, FLORIDA
MGMR	JOSHUA PEREZ	
	52 NW 133 PLACE	
	MIAMI FL 33182-1641	
	7E-10	

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a member or an futherized representative of a member.

(In accordance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSHUA PEREZ

printed name of signee

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Cepy (Optional) \$ 5.00 Certificate of Status (Optional)

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