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## TRANSMITTAL LETTER

FUSD TO: Registration Section Division of Corporations 2005 AUG 29 P 11: 25 SUBJECT: Rise and Shine Homes, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gene P. Siegrist (Name of Person) Rise and Shine Homes, LLC (Firm/Company) 10759 Greenbriar Villa Drive (Address) Lake Worth, FL 33467 (City/State and Zip Code) For further information concerning this matter, please call: Gene P. Siegrist (Name of Person) Enclosed is a check for the following amount:

STREET ADDRESS:

☐ \$125.00 Filing Fee

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

**Z** \$130.00 Filing Fee &

Certificate of Status

**MAILING ADDRESS:** 

☐ \$155.00 Filing Fee &

(additional copy is enclosed)

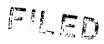
Certified Copy

□ \$160.00 Filing Fee,

Certificate of Status &

Certified Copy (additional copy is enclosed)

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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	TALLAH STATE
Rise and Shine Homes, LLC	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10759 Greenbriar Villa Drive	10759 Greenbriar Villa Drive
Lake Worth, FL 33467	Lake Worth, FL 33467
The name and the Florida street address of the Gene P. Siegrist	
Name	2
10759 Greenbriar Villa Drive	
Florida street ad	idress (P.O. Box NOT acceptable)
Lake Worth, FL 33467	FL
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and

(CONTINUED)

## 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	Name and Address:	in the property of the propert
"MGRM" = Managing	Member	2085 MAR AL
Manager	Gene P. Siegrist	2005 AUS 29 1
wanage	10759 Greenbriar Villa D	orive Table 1
	Lake Worth, FL 33467	
Managing Member	Risë V. Siegrist	
	10759 Greenbriar Villa D	rive
	Lake Worth, FL 33467	
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(Use attachment if nece	ssary)	
NOTE: An additional	article must be added if an effective da	ite is requested.
REQUIRED SIGNAT	i <b>dr</b> .	
REQUIRED SIGNAT	The V Swant	- 
Signat	ire of a member or an authorized representati	ive of a member.
of this	ordance with section 608.408(3), Florida Statutes document constitutes an affirmation under the pethe facts stated herein are true.)	s, the execution malties of perjury
Risē	V. Siegrist	
<del></del>	Typed or printed name of signee	<del>-</del>

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)