

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000255825 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY

HOME TUNEUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000255825 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BOMB TONKUP, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1140 CASTLE WOOD TERRACE, APT. 312, CASSELBERRY, FL 32707-3665**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

ALVARO HANE

Name

1140 CASTLE WOOD TERRACE, APT. 312

Florida street address (P.O. Box NOT acceptable)

CASSELBERRY**FL 32707-3665**

City, State, 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 605, F.S.

Registered Agent's Signature

11/02/05

(An additional article must be added if an effective date is requested)

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

11/02/05

(In accordance with section 605.408(8), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALVARO HANE, AUTHORIZED MEMBER

Typed or printed name of signer

Filing Fees:

- \$180.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 34.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 NOV -2 AM 8:35

FILED