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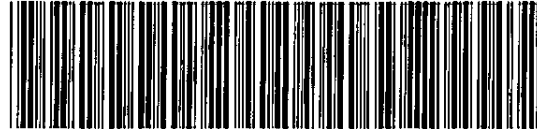
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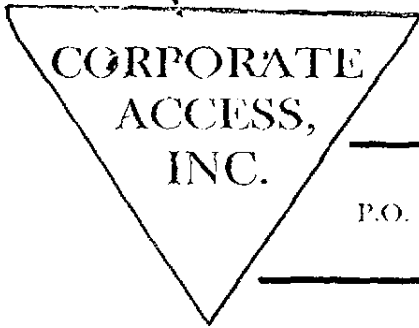


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LLC

1. Advanced Home Services of
(CORPORATE NAME AND DOCUMENT #) Ocala, LLC
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION
OF
ADVANCED HOME SERVICES OF OSCEOLA, LLC

ARTICLE I. NAME.

The name of this limited liability company is: ADVANCED HOME SERVICES OF OSCEOLA, LLC.

ARTICLE II. PRINCIPAL OFFICE.

The principal place of business and mailing address of this limited liability company is: 3824 Hickory Tree Road, St. Cloud, Florida 34772.

ARTICLE III. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent is: Christopher Michael Costin, 3824 Hickory Tree Road, St. Cloud, Florida 34772.

ARTICLE IV. MEMBERS.

The name and street address of the member of the limited liability company executing these articles of organization is: Christopher Michael Costin, 3824 Hickory Tree Road, St. Cloud, Florida 34772.

ARTICLE V. MANAGEMENT.

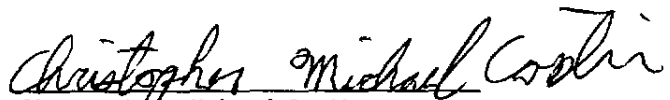
The limited liability company is to be a member-managed company.

The undersigned have executed these Articles of Organization on the **15th** day of November.


Christopher Michael Costin

Acceptance by Resident Agent

Having been named as registered agent and designated to accept service of process for the above limited liability company, 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.


Christopher Michael Costin

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