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SECRETARY OF STATE

W5-119881

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Home Discovery C	of W. Florida LLC	n/)
(rame	or Enhance Elability Compar	9)
The enclosed Articles of Organization and i	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Germaine McFarlane)	
	(Name of Person)	
Home Discovery of V	V. Florida, LLC.	
	(Firm/Company)	
4841 Leonard Blvd		
	(Address)	
Lehigh Acres FL 33	3971	
	(City/State and Zip Code)	,
For further information concerning this mat	ter, please call:	a
Germaine McFarlane	at(239)	674-9015 SEC ALL ARRY SECONDECT ARRY
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following an	nount:	RY OF SEE.,J
\$125.00 Filing Fee \$130.00 Filin Certificate of St		Certificate of Status &
Mailing Address	Street/Con	arier Address

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	i.a.	
The name of the Limited Liability Company	is:	
Home Discovery of W. Florida, LLC.		
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC	," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
4841 Leonard Blvd S.	4841 Leonard Blvd S.	
Lehigh Acres FL 33971	Lehigh Acres FL 33971	
4841 Leonard Blvd S	egistered Agent. You must designate an indiv ne registered agent are:	S Signature: 2005 DEC 14 PM 2: 03
Lehigh Acres	FL 33971	
Cîty, Sta	te, 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.

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Germaine McFarlane 4841 Leonard Blvd S. Lehigh Acres FL 33971
MGR	Ricardo Hamilton 4841 Leonard Blvd S. Lehigh Acres FL 33971
MGR	Colin Hamilton 4841 Leonard Blvd S. Lehigh Acres FL 33971
	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	all As 2

M. Tol

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Germaine McFarlane

Typed or printed name of signee

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)