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(Re	equestor's Name)	
(Ad	ldress) .	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2006 JAN 25 PM 3: 32 SECRETARY OF STATE

106-10834

EFFECTIVE DATE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: HOME	SAVING LLC		######################################
	(Name of Limite	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
AL NAM	IANDEH		
	(Name of Person)	**************************************
HOME S	AVING LLC		
		Firm/Company)	
160 PAD	DOCK LANE		
		(Address)	
GREEN	ACRES, FL. 334	13	7.005.
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	ARY O
AL NAMIAND	EH	at (561) 856-7171	or STA
(Name	of Person)	(Area Code & Daytime Telephor	ne Number)
Enclosed is a check for	or the following amount:		*
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	\$160.00 Filing Fee, tifficate of Status & rtiffied Copy litional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	÷

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No.	ame: Limited Liability Compa	ny is:
	SAVING LLC	
(Must end with the wor	ds "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A The mailing addr		the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
160 PADDOCK LA	NE	
GREENACRES, F		160 PADDOCK LANE
		GREENACRES, FL. 33413
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)	GREENACRES, FL. 33413 stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual of another f the registered agent are:
	LAT INVINITAL	Name
	GREENA	•
liability comp registered agent statutes relatin	any at the place designat and agree to act in this o g to the proper and comp	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

1-23-06

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:		
MGRM	AL NAMIANDEH		
,	160 PADDOCK LANE		
	GREENACRES, FL. 33413	•	e = .
MGRM	MICHAEL AGAHEE		
	1917 VIA TAMPA	,	
	LOMITA, CA. 90717	•	
		,	
- ·			-
(Use attachment if necessary)	=	21	
ARTICLE V: Effective date, if other than the d	late of filing: JANUARY 23, 2006 (OPTIO) specific and cannot be more than five business	NĀL)	
to or 90 days after the date of filing.)	specific and cannot be more than five business of	032 032 bu	101,
	SEF		'n
REQUIRED SIGNATURE:	- - - -	PH	
REVOIRED SIGNATURE.	ORA	ယ္	-
		32	
all	March		
Signature of a member	or an authorized representative of a member.		
(In accordance with secti of this document constitu that the facts stated her	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)		
AL NAMIANI			
Турс	ed 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)