L060000/561/

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SELUMIANSSEE, FLORIDA



COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: HOME AWAY FROM HOME LLC DBA A PLACE LIKE HOME (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	*
Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	06 FEB
FROM:		ACK Printed or typed) HS ST.	N06-403	B 13 PM 3: 26
	POMPANO BEA City.S 954- H			

NOTE: Please provide the original and one copy of the articles.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: HOME DWAY FROM HOME OBA A PLACE LIKEHOUE 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:

SHIRLE			
		(Name of Person)	
F	PLACE LIKE	E HOME	
		(Firm/Company)	\$0° 8
	2580 N.IN.		EE B
		(Address)	\$ 50 TO
ı	Pompano B.	FACH FC . 3 y/State and Zip Code)	33069 2
	(Cit	y/State and Zip Code)	FS. S
For further information of	concerning this matter, please	e call:	V
C. Mar. Sil	91000	axil 11/3.	. 2041
SHIKLBY	SLACK of Person)	at (954) 243 -	Joy (
(Hame	or r croons	(Allow Code to Day Mile Te	repliene (vanioer)
Enclosed is a check fo	r the following amount:		
	r the following amount:		T #160 00 F''' - F
	\$130.00 Filing Fee &	: \$155.00 Filing Fee &	\$160.00 Filing Fee,
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status \$51.25 Enclose Mailing Address	Certified Copy (additional copy is enclosed) OSCO Street/Courier Address	Certificate of Status & Certified Copy (additional copy is enclosed)
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status \$51.25 Enclose Mailing Address Registration Section	Certified Copy (additional copy is enclosed) OSCO: Street/Courier Address Registration Section	Certificate of Status & Certified Copy (additional copy is enclosed)
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status \$51.25 Enclose Mailing Address	Certified Copy (additional copy is enclosed) OSCO Street/Courier Address	Certificate of Status & Certified Copy (additional copy is enclosed)



January 26, 2006

SHIRLEY SLACK 2580 N.W. 5TH ST. POMPANO BEACH, FL 33069

SUBJECT: HOME AWAY FROM HOME LLC

Ref. Number: W06000004032



We have received your document for HOME AWAY FROM HOME LLC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$51.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form and fee you submitted are for a corporation, but your entity is an LLC. Enclosed is the proper form to file your LLC. Please note that the name of the LLC cannot include a "dba" name. If you would like to have a "dba" name, please also file the enclosed Fictitious Name form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 806A00005742

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ny is:
*Limited Company" or their abbreviation "LLC," or "L.C.,")
the principal office of the Limited Liability Company is:
Mailing Address:
Pro of
6 FEB 13
tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another: the registered agent are:
Name Th. ST.
Name M. ST. eet address (P.O. Box NOT acceptable) CH FL 33069 State, and Zip
and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

CHARMAINE MARLOW J381 S.W. 86th (way Miramal, PC. 33025. MGRM" BRANNON RAMGEST J381 S.W. 86th (way Miramal, PC. 33025. MIRAMAI, PC. 33025. CLE V: Effective date, if other than the date of filing:	Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
MGRM" CHARMANE MARLOW JOBI S.W. 86th Way MITAMAN PL. 33025 MGRM" BRANNON RAMGEET JOBI S.W. 86th Way MITAMAN, PL. 33025 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: Great date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REQUIRED SIGNATURE: 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		A
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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)