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J. BRYAN MAR - 8 2006

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: Safe	eguard Homes LL (Name of Limite	C d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	20	
Please return all correspo	ondence concerning this matte	er to the following:	ALL	
Forrest Ho	offar Detwiler		HAS.	6
Safeguard	i Homes LLC	Name of Person)	ZOUGHA!	PH 12: 1
	(Firm/Company)	NO P	
1046 Lex	ington St			ı
Lakeland	, FI 33801	(Address)		
	(City	/State and Zip Code)		
For further information c	oncerning this matter, please	call:		
Christina Marie	Detwiler of Person)	at (863) 860-88 (Area Code & Daytime To		
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

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ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	SEE PA D
The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANY
Safeguard Homes LLC	
(Must end with the words "Limited Liability Company, "Limite	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Safeguard Homes LLC	Safeguard Homes LLC
1046 Lexington St.	1046 Lexington St
Lakeland, FI 33801	Lakeland, FI 33801
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration.	
Forrest Hoffar Detwiler	naloular
Name	<u> </u>
1046 Lexington St	
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
Lakeland, Fl 33801	FL
City, State,	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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 Meml	Name and Address:
MGR	Forrest H. Detwiler 1046 Lexington St. Lakeland, FI 33801
MGRM	Forrest H. Detwiler 1046 Lexington St. Lakeland, FI 33801 Christina Detwiler 1046 Lexington St. Lakeland, FI 33801
	ORDA
(Use attachment if necessary ARTICLE V: Effective date, if other (If an effective date is listed, the date of filing.)	than the date of filing: 3/1/2006 . (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	
Signature of	a member or an authorized representative of a member.

that the facts stated herein are true.)

Forrest H. Detwiller

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)