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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 23 AM 9:00

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TheProbateHelper, L.L.C.

Certificate of Status	1
Certified Copy	0
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DIVISION OF CORPORATION

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **The Probate Helper, L.L.C.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4057 Everett Avenue

Spring Hill, FL 34609

Mailing Address:

4057 Everett Avenue

Spring Hill, FL 34609

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

CORPDIRECT AGENTS, INC.

Name

515 East Park Avenue

(P.O. Box or Mail Drop Box NOT Acceptable)

Tallahassee, FL 32301

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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.

Ed B. Lary

Ed B. Lary
Registered Agent's Signature - Ed B. Lary- Ass't Secretary

ARTICLE IV - Manager(s) or Managing Member(s):

H06000078069

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

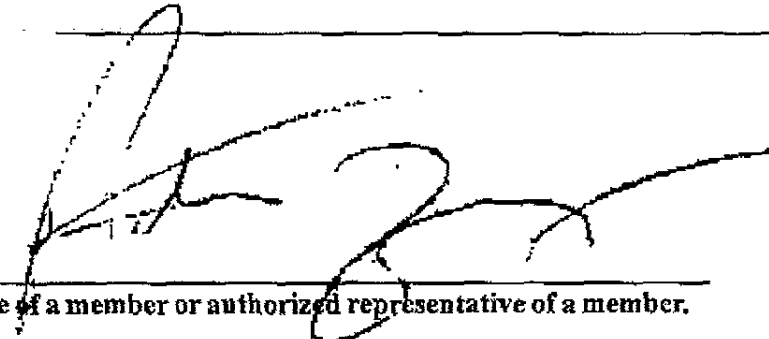
Patrick Zarza- 4057 Everett Avenue, Spring Hill, FL 34609

MGR

Richard Bennett- 7100 Barclay Avenue, Apt. A, Brooksville, FL 34609

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Patrick Zarza

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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