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(Requestor's Name)
(Address)
(Address)
. ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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04/19/06

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRA Home Regards LLC (Name of Limited Clability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
(.vame of Person)
TAA HOME RECOURS
324 Wild Forest Drive
Dowenport, FL 33837 (City/State and Zip Code)
For further information concerning this matter, please call:
Amonda Waters at 863, 557-5418 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \Certificate of Status \\ (additional copy is enclosed) \\ \bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6323 Clifton Ruilding

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANATION ARTICLE I - Name: The name of the Limited Liability Company is:

TPA Home Remarks LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

THA Home Repairs LLC

324 Wild Forcest Drive

Davenport FL 33887

Davenport FL 33887

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

2211 1211 d. To accord Daine

Florida street address (P.O. Box NOT acceptable)

Daven part, FL 33837

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGBM	Thomas Cattell 324 Wild Forest Drive Druenport, FL 33837
marm	Amanda Waters 324 Wild Formst Mice Davenport FL 33837
(Use attachment if necessary) LE V: Effective date, if other than the date is listed, the date must days after the date of filing.)	ne date of filing: 41906 (OPTION be specific and cannot be more than five business d

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

Typed or printed name of signce

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true,)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)