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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOUSING RESCUEDES ILLC (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:	
CICIO SEN (Name of Person)	
alan M. Stein (Finn/Conpany)	OF JUN -6 AM II: 53
3930 SLIGHT	· · · · · · · · · · · · · · · · · · ·
BRACK TEL 31208 (City/State and Zip Code)	II: 53
For further information concerning this matter, please call:	
(Name of Person) at (QU) 744-5804 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status \$155.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status \$160.00 Filing Status Certificate of Status Certific	s &
Mailing Address Registration Section Registration Section Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
HOUSING POSOURCES, LLC (Must end with the words "Limited Lability 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: Mailing Address:
3005 E.BAYDR#201-200 3005 F.BAYDR.#201-200 ARGO, FL 33771 LARGO, FL 33771
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 SUBJECT Florida street address (P.O. Box NOT acceptable) City, State, and Zip
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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:
Mcorm	JOSEBALOR #201-200 Largo FL 33771
M COKM	ROSA FRANCIS 3005 F. PANJ OK #204-2010 8 LORGO (FL 3377)
M Cerm	Chris Estell 31805 E.BAU DE #204-500 E LARGO, FL 33771
Mcolm	Ting Fotou 33 3015 E.BAY DR #201-206 LARGO IFL 33771
/NT	_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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 that the facts stated herein are true.)

TAS ROLL

Typed 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)