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## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT: GUAF	DIAN HOME INVE	ENTORY LLC		
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fec(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
ARLENE				
	·	Name of Person)		
GUARDIA	N HOME INVEN			
	(	Firm/Company)		
6710 ELI	LENTON GILLE	TTE RD #89		
		(Address)		
PALMET	TO FL 34221			
· · · · · · · · · · · · · · · · · · ·	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:	<b>20</b>	٠.
ARLENE L CO	LE	at ( 941 ) 545-63	99 SECT	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:		99 SECRETARY OF CORPO	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LONDA LIMITED LA DIGITA COMPANIA
ARTICLE I - Name:	
The name of the Limited Liability Company	is:
<b>GUARDIAN HOME INVENTORY LLC</b>	
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the  Principal Office Address:	e principal office of the Limited Liability Company is:  Mailing Address:
6710 ELLENTON GILLETTE RD #89	6710 ELLENTON GILLETTE RD #89
PALMETTO FL 34221	PALMETTO FL 34221
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another

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

ARLENE L COLE Name

6710 ELLENTON GILLETTE RD #89

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

PALMETTO

FL 34221

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..

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ARLENE L COLE 6710 ELLENTON GILLETTE RD #89 PALMETTO FL 34221
<del></del>	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION
fective date is listed, the date mus	t be specific and cannot be more than five business dr
fective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:	t be specific and cannot be more than five business dr

ARLENE L COLE

Typed or printed name of signee

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)

that the facts stated herein are true.)