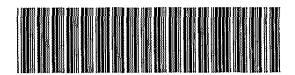
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(Red	questor's Name)	
, (Add	dress)	
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PICK-UP	WAIT	MAIL
(Bu	sin <b>ess</b> Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corpo	on rations			
SUBJECT:	past To Co	2) AST HOME. 2d Liability Company)	Inspection	LLC.
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.		•
Picase return all correspond	lence concerning this matt	er to the following:		
	Silliam 1	HOUGH		<b>4.</b> 5.7
		(Name of Person)		
<del></del>	<u> </u>	(Firm/Company)	<u> </u>	<u> </u>
474	47 BISON	St.		، مارين د ريان
BOCA	RATON,	(Address) FLA - 3342	86 SEP	F SECRETA
	(Cit	/State and 7 ip Code)		
For further information con	cerning this matter, please	call:	PH (2:	0.5 M
WILLIAM H	Person)	at (56/ 706 - (Area Code & Daytime Te	6246 =	TION
Enclosed is a check for the	he following amount:			
☐ \$125.00 Filing Fee	7 \$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	<del>-</del> -
1	Mailina Addroce	Stroot/Courier Address		

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
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:

Principal Office Address:	Mailing Address:
4747 BisON St.	4747 Bison St.
BOCA RATOR, FC 33428	BOCK RATON FL 33428
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of William	HOUGH = FINANTE
4747 Bison	Name  J J J S S S S S S S S S S S S S S S S
	,

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 physistered agent as provided for in Chapter 608, F.S..

(CONTINUED)
Page 1 of 2

Registered Ayest's Signature (REQUIRED)

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

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

93 5/777 # - 3 5	
"MGR" = Manager "MGRM" = Managing Member	
MGRM STORMY HOUGH 4747 Bigon ST	<u>- 23428</u>
pour parore rec	
	200 V.S
	SET SET
	TARY OF CARY
	<b>77.</b>
	7 %
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be more than fiv to or 90 days after the date of filing.)	e business days prior
2	
REQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a mem	iber.
Signature of a member or an authorized representative of a mem  (In accordance with section 608.408(3), Florida Statutes, the executive of this document constitutes an affirmation under the penalties of per that the facts stated herein are true.)  WILLIAM HOUGH	on .

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)