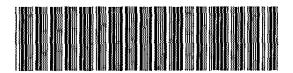
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Special instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Soc	THERN HOME (Name of Limit	. LLC. ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	CRAIG ALAN	WHARKIE (Name of Person)	<u>-</u>
	SOUTHERN HO	TR. LLC (Firm/Company)	<u> </u>
4701	NYACINTH WAY	(Address)	
\$	T. PETERSBURG (City	F-L 33705 y/State and Zip Code)	
For further information	concerning this matter, please	e call:	
CRAIC A.	WHARRIE of Person)	at (72.7) 560 (Area Code & Daytime	-6&/9 Telephone Number)
Enclosed is a check for	or the following amount:		
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee.& Certificate of Status	p \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Addr Registration Section Division of Corporati Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Southern Hone, LLC. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC,")
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:	Mailing Address:
4701 HYACINTH WAYSO	SAME
ST. PETRIES BULL FL	
S'\$70\$	

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:

ARTICLE I - Name:

CRAIC ALAN WHARRIE

Name

4701 HYRCWTH LAY Sol

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

ST. PETERSBURG FL 33705

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 Sterrature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manag	ar .	Name and Address:	
"MGRM" = Man			
14101014 141011	aging Member		
MCRM		CRAIG A WHARRIE	
7.14.	<u> </u>	4701 AYACINTH INAY SO:	-
		4701 BYACINTH LAY SO: ST. PETRES BURG, FL 33705	-
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LE V: Effective of ffective date is literary or 90 days after	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member (In accordance with sections)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	
LE V: Effective of ffective date is literary or 90 days after	date, if other than the disted, the date must the date of filing.) GNATURE: Signature of a member of this document constitution that the facts stated here.	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes 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)