

Division of Corporations

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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
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**FLORIDA/FOREIGN LIMITED LIABILITY COMPANY**  
**MIDWEST INTERNATIONAL HOME REPAIR LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
MIDWEST INTERNATIONAL HOME REPAIR LLC

**ARTICLE II ADDRESS**

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

3158 SHADY PINE AVE  
WINTER PARK FL 32792

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

GUSTAVO CHILLON  
3158 SHADY PINE AVE  
WINTER PARK FL 32792

Having been named as registered agent 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..

  
GUSTAVO CHILLON Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

GUSTAVO CHILLON

3158 SHADY PINE AVE

WINTER PARK FL 32792

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*x Gustavo Chillon*

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.

NAME OF SIGNER GUSTAVO CHILLON

Typed or printed name of signer

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