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COVER LETTER

Division of Co		-	
_{SUBJECT:} Saras	ota Home Consult	ants, LLC	
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Sindy L. I		Name of Person)	
Sarasota	Home Consultan	,	
	·	Firm/Company)	
224 Woo	dland Drive		,
		(Address)	
Osprey,	Florida 34229		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Sindy Holmes		at (941) 928-930 (Area Code & Daytime Te	08
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:	
Sarasota Home Consultants, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Com	ted Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
224 Woodland Drive		
Osprey, Florida 34229		
·		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Sindy L. Holmes	registered agent are: All AHASSE	iII
224 Woodland Drive		
	ddress (P.O. Box NOT acceptable)	
Osprey, Florida 34229	FL	
City, State	, and Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated to this certificate, I hereby accept the appointment ity. I further agree to comply with the provision performance of my duties, and I am familiar with this teted agent as provided for in Chapter 608, I	nt as ns of all h and

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(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:

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
	0			
MGR	Sindy L. Holmes			
	224 Woodland Drive			•
	Osprey, Florida 34229			
MGR	Michael T. Carr			
- Andrew de	3460 Pomeroy Road		· · · · · · · · · · · · · · · · · · ·	1
	Downers Grove, Illinois 60515			
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			*	
				3.
			anter c	a salah sa
		:		-
(Use attachment if necessary) ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	· · · · · · · · · · · · · · · · · · ·	OPTIOI		·· ••.
(In/accordance with sect of this document constit that the facts stated he Sindy L. Holmes		SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED 07 JAN 25 PM 12: 50	
Тур	ed or printed name of signee		4.	

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)