Division of Corporations Public Access System

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Division of Corporations

Fax Number ... (850) 205-0383

From:

Account Name

Account Number : 104662003400 (516) 935-3940

Phone "

(516) 935-3088

Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HomePro Solutions, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: HomePro Solutions, LLC

ARTICLE II - Address

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

Principal Office Address:	Malling Address:	Mailing Address:	
352 West Tropical Trace	352 West Tropical Trace		
Julington Creek, FL 3225	59 Julington Creek, FL 32259	<u> </u>	
		. 0	
	ered Agent, Registered Office & Registered Agent's Signature	 Print the Arms 	
		FILED SSEE FL	
	ered Agent, Registered Office & Registered Agent's Signature address of the registered agent are:	FILED AH 8: WARY OF STA	
	ered Agent, Registered Office & Registered Agent's Signature address of the registered agent are: Joseph A. Farley	FILED SSEE FL	
	ered Agent, Registered Office & Registered Agent's Signature address of the registered agent are: Joseph A. Farley Name	FILED AH 8: WARY OF STA	
	ered Agent, Registered Office & Registered Agent's Signature address of the registered agent are: Joseph A. Farley Name 352 West Tropical Trace	FILED -9 -AH 8: WASSEE FLOR	

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 - Jeseph A. Farley

ARTICLE IV - Manager(s) of The name and address of each Manager	or Managing Member(s): nager or Managing Member is as follows:	H07000127998
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Joseph A. Farley- 352 West Tropical Trace, Julingto	on Creek, FL 32259
MGR	Christine M. Farley-352 West Tropical Trace, Julin	agton Creek, FL 32259

	<u> </u>	
(Use attachment if necessary)		and the second second
REQUIRED SIGNATURE:		
	a le	
Signatur	e of a member or authorized representative of a member	- PASE 07
document c	nnce with section 608.408(3), Florida Statutes, the execut onstitutes an affirmation under the penalties of perjury t in are true.)	that the facts 19 Am
	Joseph A. Farley	8: 48 STATE ORIDA
	Typed or printed name of signee	- 8