L07000078452

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Only Galles E.g., Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Continued Copies Certaincates of Classes
Special Instructions to Filing Officer:
_
asing all numerous
15 war gare for
to correct the smaller.
8/2/07 by phone
Brian garl planussion to correct the name. 8/2/07 by phone AL.
<i>F10</i> ~

Office Use Only

500106677515

07/30/07--01053--022 **160.00

AL FILED

2001 JUL 30 A 8: 3

SECRETARY OF STATI

20740004745-7

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Eco Home Solutions LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bryan D. Knight	_
Bryon Knight P.A.	
J (Firm/Company)	
13889 Village Creek	
(Address)	
Fort Myers FL 33908 50 50 50 50 50 50 50 50 50 50 50 50 50	
(City/State and Zip Code)	
For further information concerning this matter, please call:	C
Bryan D. Lnight #1,239, 340-36218 3	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address Registration Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 Cinton Binding Tallahassee, FL 32314 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:
Ec. Home Solutions UU (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 13889 Village Creek dr PO Box 1886 Fort Myers FL 33908 Fort Myers FL 33911
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 III - Registered Agent, Registered Agent. You must designate an individual or another business entity with an active Florida registration.) ARTICLE III - Registered agent and the Entitle Agent. You must designate an individual or another business entity with an active Florida registration.) ARTICLE III - Registered Agent. You must designate an individual or another business entity with an active Florida registration.) ARTICLE III - Registered Agent Agent. You must designate an individual or another business entity with an active Florida registered agent are: ARTICLE III - Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are: ARTICLE III - Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are: ARTICLE III - REGISTRATIC AGENT ARTICLE III ARTICL
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 signiture (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Bryan D. Knight
MGRM	Bryan D. Knight 13889 U. Mage Creek dr Fort Myers & 33908
	SE SRELLARE
	TARY OF STANSEE FE
	8: 30 ORIDA
(Use attachment if necessary)	
	date of filing: $09-08-07$ (OPTIONAL) the specific and cannot be more than five business days prior

ARTICLE V: Effective date, if other than the date of filing: 09-001 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

FIN D. FNIGH

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)