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(Red	questor's Name)	****
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Peace Of Mind Hor	
(Name	of Limited Liability Company)
The enclosed Articles of Organization and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Diane Gallandt	
	(Name of Person)
Peace Of Mind Homes	itting, LLC
	(Firm/Company)
104 Riverside Drive	
	(Address)
Denville, NJ 07834	
	(City/State and Zip Code)
For further information concerning this matter	er, please call:
Diane Gallandt	at () 428-4229 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following ame	ount:
\$125.00 Filing Fee \$130.00 Filing Certificate of St	The state of the s
Mailing Address Registration Section Division of Corpon P.O. Box 6327 Tallahassee, FL 32	orations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Peace Of Mind Homesitting, LLC				
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
355 South Tessier Drive	104 Riverside Drive			
St Pete Beach, FL 37706	Denville, NJ 07834			
ARTICLE III - Registered Agent, Registered (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	registered agent are:			
Diane Gallandt				
Name	· · · · · · · · · · · · · · · · · · ·			
355 South Tessier D	Orive Orive Orive			
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)			
St Pete Beach	FI.			

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..

City, State, and Zip

Registered Agent's signature (REQUIRED

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SECRETARY OF STATE DIVISION OF CORPERATIONS

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

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

MGRM	Diane Gallandt
	104 Riverside Drive
	Denville, NJ 07834
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONA
fective date is listed, the date mu	st be specific and cannot be more than five business day
days after the date of filing.)	

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.)

Diane Gallandt

Typed or printed name of signee

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)

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