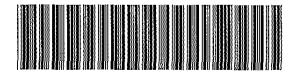
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hewith Home Rragic 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:
George Hewitt (Name of Person)
(Firm/Company)
7802 Pembroke Rd
Micanac F1 33023 (City/State and Zip Code)
For further information concerning this matter, please call: George Hewith at 99 253-4908 888 67 68 68 (Area Code & Daytime Telephone Number)
For further information concerning this matter, please call: George H twi H at (974) 253-4908 EV 5 (Name of Person) (Area Code & Daytime Telephone Number) 775 SAR
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\times \text{\$160.00 Filing Fee,} } \\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \\ Certified Co
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
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:	
Hewitt Home Repo	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7802 Pembioke Rd Miramar Fl 33023	7802 Pembioke Rd Miramar, Fl 33023
7802 Pen	Office, & Registered Agent's Signature: red Agent. You must designate an indiringual commother gistered agent are: Agent Agent Agent's Signature: Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCR	George Hewitt 7802 Pembroke Rd Miremar F1 33023
(Use attachment if necessary)	SECR TALLA
CLE V: Effective date, if other than the ceffective date is listed, the date must be 0 days after the date of filing.)	date of filing: specific and cannot be more than five business day To
REQUIRED SIGNATURE:	2: 17 ORIDA
_	eone brantl
	or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

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

- \$ 5.00 Certificate of Status (Optional)