

LOG000030067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

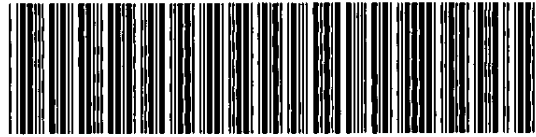
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400121188464

03/26/08--01001--008 **125.00

RECEIVED
08 MAR 25 PM 2:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAR 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 25 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Home Doe - U-Save, LLC

FILED
08 MAR 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: *WR*

Name

Date

Time

Walk-In _____

Will Pick Up _____

3/25 8:30

**ARTICLES OF ORGANIZATION
OF
HOME DOC-U-SAVE, LLC**

FILED
08 MAR 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby certifies that the Members named herein have associated together for the purpose of becoming a Limited Liability Company under Florida Statutes Chapters 608, providing for the formation, rights, privileges, and immunities of limited liability companies for profit and the following Articles of Organization are hereby adopted.

**ARTICLE I.
NAME**

The name of the Limited Liability Company shall be HOME DOC-U-SAVE, LLC.

**ARTICLE II.
DURATION; EFFECTIVE DATE**

This Limited Liability Company shall exist perpetually, commencing as of the date on which these Articles of Organization are filed with the State of Florida Department of State.

**ARTICLE III.
ADDRESS; PRINCIPAL OFFICE**

The mailing address of the Limited Liability Company and the street address of the principal office Limited Liability Company is 27499 Riverview Center Boulevard, #459, Bonita Springs, Florida 34134.

**ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is 27499 Riverview Center Boulevard, #459, Bonita Springs, Florida 34134 and the name of its initial registered agent at such address is Clement J. Ondracek.

**ARTICLE V.
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

**ARTICLE VI.
MANAGEMENT**

The Limited Liability Company shall be managed in accordance with the Operating Agreement of the Limited Liability Company. The names and addresses of the initial Manager is as follows:


Contempo Products Corporation
20507 Torre Del Lago
Estero, Florida 33928

The undersigned, being all of the Members of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of HOME DOC-U-SAVE, LLC.

Executed by the undersigned on March 24, 2008.

HOME DOC-U-SAVE, LLC.

By: 
Clement J. Ondracek, President of
Contempo Products Corporation



Paul A. Carr

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: HOME DOC-U-SAVE, LLC
2. The name and the Florida street address of the registered agent and office are:

Clement J. Ondracek
27499 Riverview Center Boulevard, #459
Bonita Springs, Florida 34134

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.


Clement J. Ondracek