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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| , (validad) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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DIVISION OF CORPORATIONS

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T. HAMPTON

APR - 7 2008

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Corporations |
|--|
| SUBJECT: NEIGHBOR HELPING NEIGHBOR OF SOUTHWE (Name of Limited Liability Company) FLORIDA, L |
| (Name of Limited Liability Company) FLORIDA, C |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MIKE CATHELL (Name of Person) |
| (Name of Person) |
| NEIGHBOR HELPING NEIGHBOR (Firm/Company) |
| (Firm/Company) |
| 3015 SW PINE SLAND RD, SUITE 113216 |
| (Address) |
| CARE CORAL FL 33991 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| 11450000000 |
| MIKECATHELL at (Z39) 770 6250 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Felson) (New Code & Dayline Felson) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEIGHBOR HELPING NEIGHBOR L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

| 3015 SWPINE ISLAND RD | SAME |
|--|------|
| CAPE CORAL FL | |
| SUITE 113216 33991 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |

MIKE CATHELL

The name and the Florida street address of the registered agent are:

3015 SW PWE ISLANDR #113216
Florida street address (P.O. Box NOT acceptable)

PAPE CORAL FL 33991

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _. (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.)

MIKE CATHELL

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)