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(Red	luestor's Name)	
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JUL 28 2008

EXAMINER



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DIVISION OF COMPONING

COVER LETTER

Division of Corporations		·	
SUBJECT: Solution Hom	e Plus		
SUBJECT:		Liability Company)	· ·-
The enclosed Articles of Organizati	on and fee(s) are sub	omitted for filing.	
Please return all correspondence co		-	
·	•	_	
Emmanuel Bonne			
	(Na	ame of Person)	
Solution Home P	lus		
	(Fi	rm/Company)	
2171 Maravilla La	ane		
		(Address)	
Fort Myers, FI 33	901		
	(City/S	tate and Zip Code)	
For further information concerning	this matter, please ca	all:	
Emmanuel Bonnelus	a	, 239 233-335	3
(Name of Person)		(Area Code & Daytime Tel-	ephone Number)
Enclosed is a check for the follo	wing amount:		
\$125.00 Filing Fee \$130.00 Certific	O Filing Fee & 🔽	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center (Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Solution Home Plus "LLC"	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
2171 Maravilla Lane	2171 Maravilla Lane	
Fort Myers, FI 33901	Fort Myers, FI 33901	
business entity with an active Florida registration. The name and the Florida street address Emmanuel Bo	onnelus	DIVESTOR OF CORP
Fort Myers,	la street address (P.O. Box NOT acceptable) FL \$390 City, State, and Zip	2:49

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
MGRM	EMMANUEL BONNELUS
	2171 MARAVILLA LN
	FORT MYERS, FL 33901
MGRM	ASNEL DERVIL
	1137 SW 41ST STREET
	CAPE CORAL, FL
	
(Use attachment if necessary)	
RTICLE V: Effective date, if other t	han the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	200
4	197 (00)
Signatur of a	n member or an authorized representative of a member.
	with section 608.408(3), Florida Statutes, the execution
	ent constitutes an affirmation under the penalties of perjury stated herein are true.)
J. 4	$\mathcal{L}_{\mathcal{L}}$
Linman	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)