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| (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: |
| |
| • |
| W0900045541 |

Office Use Only



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10/01/08--01012--015 **155.00

FILED

08 OCT -9 PM 3: 34

SECRETARY OF STATE
AND AMASSEE FLORIDA

D. BRUCE

OCT 0 9 2008

EXAMINER

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| SUBJECT: O'NEA | L HOME IMPROV | 'EMENTS, LLC | |
| | (Name of Limite | d Liability Company) | |
| The enclosed Articles of | Organization and fee(s) are s | ubmitted for filing. | |
| Please return all correspo | ondence concerning this matte | er to the following: | |
| JOEL A SH | IOR, CPA | | |
| | (| Name of Person) | • |
| | | | |
| | (| (Firm/Company) | |
| 16130 RIC | DEL PAZ | | |
| | - | (Address) | -1,0 0 |
| DELRAY E | BEACH, FL 33446 | 5 | 8 0 SECRI |
| | (City | /State and Zip Code) | TAFF |
| For further information c | oncerning this matter, please | call: | -9 PM ARY OF STASSEE, FL |
| JOEL A SHOR | , CPA | at (561) 499-350 | O STATE |
| (Name | of Person) | (Area Code & Daytime Tele | ephone Number) |
| Enclosed is a check for | r the following amount: | | |
| \$125.00 Filing Fee [| \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2008

JOEL A SHOR, CPA JOEL A SHOR, CPA 16130 RIO DEL PAZ DELRAY BEACH, FL 33446

SUBJECT: OHI, LLC

Ref. Number: W08000045541

FILED

8 OCT -9 PM 3: 34

SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for OHI, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 408A00052376

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - N The name of the | Name: Limited Liability Compa | ny is: | |
|---|---|---|---|
| O'neal t | Must end with the words "Limited | NEATS , LLC d Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - The mailing add | | the principal office of the Limited | Liability Company is: |
| Principal Offic | e Address: | Mailing Address: | |
| 824 SOUTH BRIDG | | | |
| (The Limited Liability business entity with | y Company cannot serve as its ow an active Florida registration.) he Florida street address o | stered Office, & Registered Agen on Registered Agent. You must designate an in of the registered agent are: | dividual or another SECRE |
| • | STEVE O'NEAL | Name | TARY HASSE |
| , | 226 EAST FEE Florida str MELBOURNE | | PN 3-34 OF STATE EE, FLORIDA |
| | City, | State, and Zip | |
| liability con registered ager | npany at the place designat nt and agree to act in this c | and to accept service of process for t ted in this certificate, I hereby accep apacity. I further agree to comply w lete performance of my duties, and I | t the appointment as vith the provisions of al |

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

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:

| "MGR" = Manag "MGRM" = Man | :r | |
|--|--|------------|
| | | |
| MGRM | STEVE O'NEAL | |
| | 824 SOUTHBRIDGE BLVD. | |
| | SAVANNAH, GA 31405 | |
| MGR | SHERI O'NEAL | |
| | 824 SOUTHBRIDGE BLVD. | |
| | SAVANNAH, GA 31405 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment | necessary) | |
| CLE V: Effective of the control of t | ate, if other than the date of filing: (OPTIO ed, the date must be specific and cannot be more than five business the of filing.) | |
| CLE V: Effective of | ate, if other than the date of filing: (OPTIO ed, the date must be specific and cannot be more than five business the of filing.) | |
| CLE V: Effective of the first of the days after the days | ate, if other than the date of filing: (OPTIO ed, the date must be specific and cannot be more than five business the of filing.) | days prior |
| LE V: Effective of ffective date is list days after the da | ate, if other than the date of filing: (OPTIO ed, the date must be specific and cannot be more than five business of the of filing.) ENATURE: | |
| CLE V: Effective of the control of t | ate, if other than the date of filing: (OPTIO ed, the date must be specific and cannot be more than five business the of filing.) | days prior |
| CLE V: Effective of the control of t | ANATURE: 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 | days prior |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)