FAX ND. 005220 440 ahicovr.exe Florida Department of State Division of Corporations **Public Access System Electronic Filing Cover Sheet** ÷.. Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H080002707763))) H080002707763A8C4 80 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 0 TO: Division of Corporations 5 Fax Number ; (850)617 6383 ÷ [] ; From: Account Name : DAZARUS CORPORATE FILING SERVICE, INC. Ē Account Number : 12000000014 : (305) 552- 5973 Phone : (305)220-1440 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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FAX NO. : 3052201440

FROM LACARUS

H08000270776

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

and with the words lity Company,

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

ጽጽ З

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liebility Company control serve as its own Registered Agent. You must designate an individual or another business unity with an acutve Fiorida registration.)

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



Having been named as registered agent and to accept service of process for the above stated limited itability 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.

(REQUIRED) Registared Signature Ascol

(CONTINUED) Page 1 of 2 H 0 8 0 0 0 2 7 0 7 7 6 FROM : LAZARUS

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

Name and Address:

"M(R" = Manager "M(RM" = Managing Member	
- <u>MGR</u> -	fernando Virto

(Use attachment if necessary)

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

<u>Reourrd</u> signature:	
Signature of a stre	mbor or an incherined representative of a member.
of this document o	b section 508,408(3), Florida Statutes, the axecution opstituties an affirmation under the penaltics of perjury per-borein are true.).
	Typed or printed name of signed

Filing Freez

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

\$ 30.00 Cortified Copy (Optional)

\$ 5.40 Certificate of Status (Optional)

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