# L10000000000

(Requestor's Name)
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PICK-UP WAIT MAIL
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**EXAMINER** 

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SECRE JARY OF STATE TALLAHASSEE. FLORIDA

FILED

# **COVER LETTER**

DIVISION 0	f Corporations	Haras Tanas II O	
SUBJECT:		Home Team LLC.	
	Name of Linn	ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Fra	ank Acevedo Jr.	
A CONTROL OF THE PROPERTY OF T		Name of Person	
	Ace	Home Team LLC.	<b></b>
		Firm/Company	2011 3E/ ALL
	2209 C	ollier Parkway #332	2010 JAN 19 SECRE LARY ALLAHASSE
		Address	AR) SSE
	Land O'	Lakes, Florida 34639	PR PR
***************************************	C	ty/State and Zip Code	LOR OR
***************************************	aceho	meteam@gmail.com	<u>⊡</u> m •
		for future annual report notifical	ion)
For further informat	ion concerning this matter, pleas	se call:	
Fra	nk Acevedo Jr.	at ( 813 )	996-2210
N	ame of Person	Area Code & Daytim	e Telephone Number
Enclosed is a chec	k for the following amount:		
	ce \$\sum \\$\sum \\$\sum \\$\sum \\$\sum \\$\sum \\$\sum \\$\sum \\$\center \\$\text{Certificate of Status}	S155.00 Filing Fee & Certified Copy (additional copy is enclose	S160,00 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 Add Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	nter Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ace Home T (Must end with the words "Limited Li	Feam LLC. ability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2209 Collier Parkway #332 Land O' Lakes, Florida 34639	2209 Collier Parkway #332 Land O' Lakes, Florida 34639
business entity with an active Florida registration.)  The name and the Florida street address of the	registered Agent. You must designate an individual organister of the registered agent are:
Nai 2209 Collier	Parkway #332
***************************************	P.O. Box NOT acceptable)
Land O' Lakes	 E1
	e, and Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all appropriate of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.

(CONTINUED)

## Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

** ** ** ** ** ** * * * * * * * * * *	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Linda Tupper
	19302 Barred Owl Ct.
	Land O' Lakes, Florida 34638
MGRM	Frank Acevedo Jr.
AND REPORT OF THE PARTY OF THE	2209 Collier Parkway #332
	Land O' Lakes, Florida 34639
	Land O' Lakes, Florida 34639  ALLAHASSEY  SECRETARY  SE
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***************************************	
	<u> </u>
(Use attachment if necessary)	
•	
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CLE V: Effective date, if other that effective date is listed, the date in	
CLE V: Effective date, if other that	in the date of filing:
CLE V: Effective date, if other that effective date is listed, the date in days after the date of filing.)	in the date of filing:
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CLE V: Effective date, if other that effective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:	in the date of filing:
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CLE V: Effective date, if other that effective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a number of this document.	in the date of filing:
CLE V: Effective date, if other that effective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a number of this document.	m the date of filing:
CLE V: Effective date, if other that effective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a number of this document.	in the date of filing:

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)