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(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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T. HAMPTON

APR 2 1 2010

EXAMINER

## **COVER LETTER**

	gistration Section vision of Corporati	ons				
SUBJECT:	UP	DeH	House	Propu	ctions	LLC
	•	Name of Li	mited Liability C	ompany		
The enclose	d Articles of Organ	ization and fee(s)	are submitted for	filing.		
Please return	n all correspondence	e concerning this r	natter to the follo	wing:		· , ·
·	*,	Tyron	e G.	Smith		
		the state of the s		Propucti		
<del>,</del>			Firm/Compar	y ·	٠,	
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*,				L. 33		
	E-ma	FOO U	City/State and Zip DE HHO ed for future appua	Code  Se Propy  Il report notification)	UCTION.	Sicon
and the second s	nformation concern	ing this matter, plo	ease call;	•		
Rober	+ J Esca	endin	at(305	Code & Daytime Tele	-1396	<u></u>
	Name of Persor	` ;	Area	Code & Daytime Tele	phone Number	
Enclosed is	a check for the fo	llowing amount			OK	
□\$125.00 Fi	iling Fee \$\square\$13 Cert	0.00 Filing Fee & ificate of Status	Certified	Filing Fee & 1 Copy 1 copy is enclosed)	\$160.00 Filing Certificate of Certified Cop (additional copy	Status &

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 Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UP JEH	t House reaductions
(Must end with the words "Lin	nited Liability 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:
1151 NW 137 AVE PEMBROKE PINES, FL. 3	33028 SAMC
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	
	a street address (P.O. Box NOT acceptable)
Pentrake	Pines FL 33028
	City, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, F.S.

Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

O APR 20 AH BY SI

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 Member		
		Trip in 1 Com	
	MP5W	Tyrone 6. Smith	
•		1151 NW 137 AVB	·. :
• .		Pembloke Pines FL 33028	
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	(Use attachment if necessary)		
· .			,
	LE V: Effective date, if other than the date		
(If an e	ffective date is listed, the date must be sp	ecific and cannot be more than five business da	ays prior
to or 90	days after the date of filing.)		*
			1.
	•		
•	REQUIRED SIGNATURE:		
•			• • • •
	$\mathcal{O}_{i}$		(* - <u>-</u>
	Signature of a meniber	an authorized representative of a member.	
	(In accordance with section	608.408(3), Florida Statutes, the execution	
	of this document constitutes	s an affirmation under the penalties of perjury	
	that the facts stated herein a	are true.)	
	Tyrene	c. G. Smith	•
	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)

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