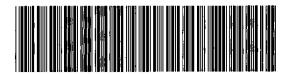
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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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J. BRYAN

JUN 2 4 2010

EXAMINER

COVER LETTER

TC.	Registration Section
أسخ	Division of Corporations

SUBJECT:	A Housin	g Solution,	LLC	
	(Name of Limit	ed Liability Comp	oany)	
The enclosed Article	s of Organization and fee(s) are	submitted for filin	ng.	
Please return all corr	espondence concerning this mat	ter to the followin	g:	
	Sco	ott A. Beane	Э У	
11 11 11 11 11		(Name of Person)		
,	A Hou	sing Solutio	on, LLC	
		(Firm/Company)		
	10	SW 46th Av	ve.	TALL SEC
		(Address)		超 %
	Plan	tation, FL 3	3317	RETARY OF STA
	(Ci	ty/State and Zip Cod	le)	FOR
For further informati	on concerning this matter, pleas	e call:		TATE
Scott A. Bea	ney	at (954	308-7470	
(Na	ame of Person)		de & Daytime Telephone	Number)
Enclosed is a check	for the following amount:			
\$125.00 Filing Fc	e \$\square\$\$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filin Certified Co (additional cop	opy Cert by is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Registra	Courier Address tion Section to of Corporations	

Registration Section
Division of Corporation:
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	更多
The name of the Limited Liability Company i	s:
A Housing	Solution, LLC
(Must end with the words "Limited Lia	
ARTICLE II - Address:	Se se
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10 SW 46th Ave.	10 SW 46th Ave.
Plantation, FL 33317	Plantation, FL 33317
The name and the Florida street address of the Scott A. E Name	Beaney
10 SW 4	16th Ave.
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Plantation,	_{FL} 33317
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered 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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		1. 6
"MGRM" = Managing Member		PS -
MORN		10 JUN'23 OF STA
MGRM	Scott A. Beaney	
•	10 SW 46th Ave.	36.37
	Plantation, FL 33317	<u> </u>
MODM		205
MGRM	Anna S. Beaney	
	10 SW 46th Ave.	Q ,
	Plantation, FL 33317	
		
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)		
• •		
LE V: Effective date, if other than the	date of filing:	(OPTIONAL
fective date is listed, the date must be	e specific and cannot be more than five b	usiness days
days after the date of filing.)	•	v
REQUIRED SIGNATURE:		
)	•	
/1	. //	

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 that the facts stated herein are true.)

Scott A. Beaney

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)