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DEPARTMENT OF STATE

10 AUG 13 AM III: 5

S. HAWKES

AUG 1 3 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: <u>AJOR</u>	TH FloriDA Name of Limit	Home Impreded Liability Company	EXEMENT LLC
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	·
MATTA	HEW HED	Name of Person	
NOR	TH Florion	Home Impr	OUCMONT
972	N. EAST Z	STH AUC.	
		Address 34972 y/State and Zip Code	
For further information	E-mail address: (to be used concerning this matter, please	for future annual report notification e call:	
MATTHEW F	fedge S of Person .	at (<u>860</u>) 72 Area Code & Daytime T	8 -0177 elephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00≯Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

FILED

10 AUG 13 AM HI: 59

ALLAH MAY COST

ARTICLES OF ORGANIZATION FOR FLORIDA LIVERED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WORTH Floe DA Home Impovement Imprimentelle,
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
972 NEAST 28TH AVE	972 N. EAST 28TH		
OKEECHOBEE FL.	AUE OXECCHOBEEFZ,		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MATTHEW 5 HEDG	<u>8S</u>				
Name					
972 NE 28# AUE	OK	EECHOBEE, FL			
Florida street address (P.O. Box NOT acceptable)					
OKEECHOBEE	FL	34972			
City, State, and Zip					

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

•	ging Member(s): AHASAY DES
ARTICLE IV- Manager(s) or Mana The name and address of each Manage	ging Member(s): 4446 (b) 59 er or Managing Member is as well to wis 3
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MATTHEW Hodges 972 N. EAST 28TH AUE OKCECHOBEE FL.
MG-12M	GIARY STUBBLEFIELD 972 N. EAST 78TH AUG OKEECHOBEE FL.
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the can effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
of this document constitue that the facts stated here	
LOT ANZY Type	STUBBLE FIEID ed 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)