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(Re	equestor's Name)	
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C. LEWIS

SEP 1 **B** 2010 **EXAMINER**



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2010

KIMBERLY SUDECK WATTERS 943 NANCY CT. KISSIMMEE, FL 34759

SUBJECT: FAMILY HOME INVESTMENTS, LLC

Ref. Number: W10000042888

group

We have received your document for FAMILY HOME INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 210A00021668

COVER LETTER

Registration Section

Division of Corporations
SUBJECT: FAMILY HOME INVESTMENTS, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KIMBERLY SUPECK WATTERS Name of Person
Name of Person
Firm/Company
943 NANCY CT.
Address
KISSIMMEE, FL 34759
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KIMBERLY SUDECK WATTERS 407 962-7544 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is en
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 32314 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:

FAMILY HOME INVESTM	group NENTS! LLC
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
943 NAUCY GT. KISSIMMEE, FL 34759	SAS NANCY CT. KISSIMMEE, FL 34759
KISSIMMEE, FL 34759	KISSIMMEE, FL 34759
KISSIMMEE	registered agent are: WATTERS Gress (P.O. Box NOT acceptable)

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

FILED

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: ember	SLORETARY UT TALLAHASSEE.
MGRM	WILLIAM R. SUB 943 NAMET CT. KISSIMMEE, FL	34759
(Use attachment if necess	ary)	
LE V: Effective date, if ot	her than the date of filing:late must be specific and cannot be more than f	(OPTIONAL) ive business days pr
LE V: Effective date, if ot fective date is listed, the conductive date is listed, the days after the date of filing the conductive date.	ther than the date of filing: Late must be specific and cannot be more than fing.) RE:	(OPTIONAL) ive business days pr
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)