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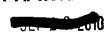
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S. HAWKES

OCT 1 1 2010 S. HAWKES

EXAMINER



EXAMINER





September 28, 2010

ERIC PARISEK 12920 POSITANO CIR 301 NAPLES, FL 34105

SUBJECT: H.O.M.E. LLC Ref. Number: W10000045324

We have received your document for H.O.M.E. LLC and your check(s) totaling \$130.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 610A00023047

H.O.M.E. of SWFL, LLC

12920 Positano Circle #301 Naples, Florida 34105 (239) 963-8860

October 5, 2010

Florida Department of State Division of Corporations Attn: Suzanne Hawkes PO Box 6327 Tallahassee, Florida 32314

RE: H.O.M.E. LLC

Ref. Number: W10000045324

Dear Ms. Hawkes:

Enclosed is the revised Articles of Incorporation for Florida Limited Liability. I have chosen the name of H.O.M.E. of SWFL, LLC. It is my understanding that this name is available. It is also my understanding that you will use my previous filing fee for the reference number above as the filing fee for H.O.M.E. of SWFL, LLC.

Please forward to me when completed the Certificate of Status. You can reach me at the above number if you have any questions.

Éric Parisek

enclosures

COVER LETTER

Registration Section

TO:

Division of	Corporations			
SUBJECT. H.C	.M.E. of SWFL, LL	С		
Sobject.		ed Liability Compa	iny	
The enclosed Article	es of Organization and fee(s) are	submitted for filing	g.	
Please return all con	respondence concerning this matt	er to the following	; :	
<u>Eric</u> Pa	risek			
		Name of Person		
H.O.M.	E. of SWFL, LLC			
		Firm/Company		
12920	Positano Circle #301	1		
		Address		
Naples, I	Florida 34105			
eparisek(@eparisek.com	y/State and Zip Code		
For further informati	E-mail address: (to be used for concerning this matter, please	•	MT Rotification)	
Eric Parisek		at (239	963-8860	ı
Na	me of Person		& Daytime Tcl	ephone Number
Enclosed is a chec	k for the following amount:	_		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	py	\$160.00 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	Registration Division of Clifton Bit 2661 Exc	ourier Address on Section of Corporation uilding outive Center ee, F1, 32301	S

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP ARTICLE I - Name: The name of the Limited Liability Company is: H.O.M.E. of SWFL, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LI.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: 12920 Positano Circle, #301 12920 Positano Circle, #301 Naples, Florida 34105 Naples, Florida 34105 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: Eric Parisek Name 12920 Positano Circle, #301 Florida street address (P.O. Box NOT acceptable) Naples _{FL} 34105 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

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

<u> Title:</u>	Inanging Member(s): Inager or Managing Member is as follower / / PH 3: Name and Address:
"MGR" = Manager	ALEANAS
'MGRM" = Managing Member	
MGR	Eric Parisek
	12920 Positano Circle, #301
	Naples, Florida 34105
	·
	the date of filing: (OPTIONAL)
LE V: Effective date, if other than	the date of filing: (OPTIONAle to the specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mu	
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business day
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business day mber or as suthorized representative of a member.
LE V: Effective date, if other than lective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a management of a	mber or as authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a manual constitutes an affirmation upon that any false in constitutes a third degree feet.	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Iformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
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