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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| Certified Copies        | _ Certificate     | s of Status |
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| Special Instructions to | Filing Officer:   |             |
|                         | Timing Officer.   |             |
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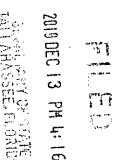
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# **COVER LETTER**

| Division of            | on Section<br>Corporations                               |   |   |
|------------------------|--|---|---|
| SUBJECT:               | SM HOME IMPRO  | VEMENTS LLC                                   | <del>-</del>                                    |
| ·                      | Name of Limited L  | iability Company                              |   |
| The enclosed Article   | es of Organization and fee(s) are sub                    | nitted for filing.                            |   |
| Please return all corr | respondence concerning this matter to                    | the following:                                |   |
| MICHI                  | AEL S MINER  | me of Person                                  |   |
|                        | Nai  | ne of Person                                  |   |
| PAIN                   | TING DESTIN  |   | 77. 20  |
|                        | fin  | m/Company                                     | DEC T   |
| 4041                   | LAUREN CT.   | ***   | 1 m   |
|                        |  | Address                                       | P   |
| DES                    | TIN, FL 3254   | Ate and Zip Code                              |   |
|                        |  |   |   |
| <u></u>                | 1 NER (C) COX. NET<br>E-mail address: (to be used for fi | uture annual report notification)             |   |
| For further informati  | ion concerning this matter, please cal                   | 1:  |   |
| _                      |  | 050 154                                       | برسرسو د  |
| RAY MIN                | me of Person at  | (850) 654- (Area Code & Daytime Tele          | phone Number                                    |
|                        |  |   |   |
|                        | k for the following amount:                              | <b></b>                                       | 7   |
| J\$125.00 Filing Fee   | \$130.00 Filing Fee & Certificate of Status              | \$155.00 Filing Fee & [<br>Certified Copy     | \$160.00 Filing Fee,<br>Certificate of Status & |
|                        |  | (additional copy is enclosed)                 | Certified Copy<br>(additional copy is enclosed) |
|                        | Mailing Address  | Street/Courier Address                        |   |
|                        | Registration Section Division of Corporations            | Registration Section Division of Corporations | S   |
|                        | P.O. Box 6327<br>Tallahassee, FL 32314                   | Clifton Building 2661 Executive Center C      |   |
|                        | rananassee, FL 32314                                     | Tallahassee, FL 32301                         | Jircie  |

Check# 1030 Encloses

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| MSM HOME IMPR   | POVEMENTS LLC   |                                     |
|---|---|-------------------------------------|
| (Must end with the words "Limit   | ed Liability Company, "L.L.C.," or "LLC.")  |                                     |
| RTICLE II - Address:<br>he mailing address and street address or  | f the principal office of the Limited Liability   | , Comp                              |
| rincipal Office Address:  | Mailing Address:  |                                     |
| UNUI LAUDEN CT  | and A an month of   |                                     |
|   | 404/ CHUREN CI.   |                                     |
| RTICLE III - Registered Agent, Reg  | istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or                              | <br>ature:                          |
| ARTICLE III - Registered Agent, Reg<br>The Limited Liability Company cannot serve as its or<br>business entity with an active Florida registration.)  | istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or                              | ature:<br>another                   |
| ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of                          | istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are: | ature:<br>another<br>2016 DEC       |
| RTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of                           | istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are: | ature:<br>another<br>2010 DEC 13    |
| TINKS   | istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are: | ature:<br>another<br>2010 DEC 13 PH |
| ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address  Tinks ry  Hour Laur Florida s | istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are: | ature:<br>another<br>2010 DEC 13 PH |

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)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| GR                           | MICHAEL & MINER  | <del></del>     |
|------------------------------|------------------|-----------------|
|                              | 4041 LAUREN CT   |                 |
|                              | DESTIN, FL 32541 |                 |
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| Use attachment if necessary) | <u> </u>         | <u> </u>        |
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### **REQUIRED SIGNATURE:**

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MICHAEL S MINER
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)