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DIVISION OF CORPORATION

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: LIK	E TOTALLY I	HoMES, LLC ed Liability Company	
	Name of Limit	ed Liability Company	
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:	
Ke	vin B. Step	Shens Name of Person	
		F' 10	
		Firm/Company	
. 6	264 MONROE	CIRCLE	
	264 MONROE	Address	_
- DAY	VENPORT, FL	. 3386 φ y/State and Zip Code	
	Cit	y/State and Zip Code	
	Stephens 416	or future annual report notification)	COM
	E-måil address: (to be used t	for future annual report notification)	
For further information	concerning this matter, please	e call:	
<u>Kevin</u>	Stephens	at (352) 348-7 Area Code & Daytime Telep	1977
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check f	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	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability C	ompany is:		
LIKE	TOTALLY	HOMES .	LLC	
			pany, "L.L.C.," or "LLC.")	•
ARTICLE II - A The mailing addr		ess of the principa	l office of the Limite	ed Liability Company is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
DAVENPORT FL: 33896	DAVENPORT, FL. 33896

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:

Name

264 MONROE CIRCLE

Florida street address (P.O. Box NOT acceptable)

PAVENPORT FL. 33896

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

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	mber
MGR	Kevin Stephens 244 Monroe Circle Davenport, FL. 33856
MGR_	Courtney Stephens 264 Monrue Circle Davenport FL. 33856
(Use attachment if necessar	•
effective date is listed, the da 90 days after the date of filing	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days pri g.)
REQUIRED SIGNATUR	
Signature	of a member or an authorized representative of a member.
	ance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)