L110000170734

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800208878918

06/16/11--01029--001 **160.00

SECRETARY OF STATE

E-100

T. CLINE

HOH 1 7 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Village:	s Home Service	s, LLC		
4		ed Liability Company		
The england Audales of C				
	Organization and fee(s) are	_		
Please return all correspor	idence concerning this matt	er to the following:		
Phyllis J. (Clements			
		Name of Person		
		Firm/Company		
2625 Putto	nwood Bun			
	nwood Run	Address		 .
			IV.	20
The Villages	, Florida 32162		i CC	= _ <u>;</u>
District IOI sus		//State and Zip Code	SAF	2011 JUN 16
PhyllisJClem	ents@yahoo.com E-mail address: (to be used for	or future annual report notification)	SEC	
For further information as	ncerning this matter, please			至
tor further information co	neerning this matter, please	Can.		9: 54
Phyllis Clements		at (352) 750-1559	T. *	12-
Name of	Person	Area Code & Daytime Telep	phone Number	
Enclosed is a check for	the following amount:			
	<u> </u>			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	tus &
				,
	Mailing Address	Street/Courier Address		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	irola	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Villages Home Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2625 Buttonwood Run	2625 Buttonwood Run
The Villages, FL 32162	The Villages, FL 32162
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
<u> </u>	Name
2625 Buttonwo	ood Run
Florida stre	et address (P.O. Box NOT acceptable)
The Villages	_{FL_} 32162
Cit	tv. State, and Zin

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Phyllis J. Clements 2625 Buttonwood Run The Villages, FL 32162	
		_
		
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: July 1, 2011 . (OP be specific and cannot be more than five business).	FIONAL) ess days pr
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: July 1, 2011 . (OP be specific and cannot be more than five busing	FIONAL) ess days pr
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: July 1, 2011 . (OP oe specific and cannot be more than five busing the specific and cannot be more than the specific and cannot be specific and cannot be more than the specific and cannot be specific	FIONAL) ess days pr
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	De specific and cannot be more than five busing	ess days pr nt true. ate
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may a may a serior of a member of a may a serior of a member of a may a serior of a member of	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of St by as provided for in s.817.155, F.S.) Thents	ess days pr nt true. ate
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may a may a serior of a member of a may a serior of a member of a may a serior of a member of	r or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Stay as provided for in s.817.155, F.S.)	ess days pr nt true. ate
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may a may a serior of a member of a may a serior of a member of a may a serior of a member of	r or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Stay as provided for in s.817.155, F.S.) ments yped or printed name of signee	ess days pr nt true.
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may are that any false information under the constitutes a third degree felor of the phyllis J. Cler	r or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this documer the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Stay as provided for in s.817.155, F.S.) ments yped or printed name of signee	ess days pr