## L11000083509

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(D.	ocument Number)	·
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900210093389

07/19/11--01037--001 \*\*130.00

11 JUL 19 PM 2: 5%
SEURE FARY OF STATE
FALLAHASSEE, FLORIO

D. BRUCE

JUL 20 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: Home Help Today LL	С
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Charlcie Mullin	
	Name of Person
The state of the s	Firm/Company
657 Caravan Terrace	• •
COT Calavait Tellace	Address
Sebastian, Fl. 32958	
	ity/State and Zip Code
charlciem@comcast.net	for future annual report notification)
For further information concerning this matter, pleas	$\vec{A}_{i}$
Charlcie Mullin	480-9327 AND
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	LOST 2:
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee \$\&\text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed)  S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Comp	pany is:
Home Help Today LLC	
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
657 Caravan Terrace Sebastian, FL 32958	SAME
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
657 Caravan	Terrace
	street address (P.O. Box NOT acceptable)
Sebastian	FL 32958
	City, State, and Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S  '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:

"MGR" = Managing Member  MGR  Charlcie Mullin 657 Caravan Terrace Sebastlan, FL 32958  (Use attachment if necessary)			
MGR Charlcie Mullin 657 Caravan Terrace Sebastian, FL 32958			
657 Caravan Terrace Sebastian, FL 32958			
Sebastian, FL 32958			
		,	
		,	
			<u> </u>
CLE V: Effective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be med days after the date of filing.)			
DECHIDED SIGNATURE			TALL.
Signature of a member or an authorized representati	/- // ntative of a m	a member.	JUL 19   RETARY ( AHASSEE
Signature of a member or an authorized representation accordance with section 608.408(3), Florida Statutes, the execonstitutes an affirmation under the penalties of perjury that the I am aware that any false information submitted in a document to constitutes a third degree felony as provided for in s.817.155, F.	e execution of the facts state ent to the Department	of this doc	ocument ein are true.
Signature of a member or an authorized representation (In accordance with section 608.408(3), Florida Statutes, the execonstitutes an affirmation under the penalties of perjury that the I am aware that any false information submitted in a document to	e execution of the facts state ent to the Department	of this doc	ocument ein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)