

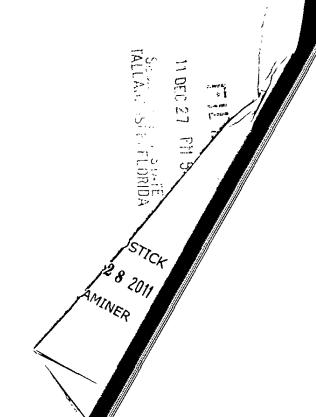
(Requestor's Name)
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, ,
(City/State/Zip/Phone #)
(Only/Object/Elph-Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
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Certified Copies Certificates of Status

Special Instructions to Filing Officer:





12/28/11--01018--016 **160.00



COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:		HOUSE FACTORY ed Liability Company	/
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this matt	ter to the following:	
LEEN	A PHALEOUTLAN	Name of Person	
		Firm/Company	
4600	BROOKWOOD	RO AS	
_ CHA	PLOTTE, NC	28715 y/State and Zip Code	
LPBUA	STON & GMATI	for future annual report notification)	
For further informati	on concerning this matter, please	e call:	
LEE NA Na	B いてつべ me of Person	at (7-4) 831- Area Code & Daytime Tele	
Enclosed is a check	k for the following amount:		y 30 NATE DRIDA
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	os .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	TACT SLY LLC d 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:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	# 120 SANFORD FL 32771 stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
	the registered agent are:
	R PLACE # 120 cet address (P.O. Box NOT acceptable)
SANFORD	FL 32771 ity, State, and Zip
Union has seved as unistant and	ed to appent aggregation of the contract of the colour state of limited

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	LEENA PHAKEOUTLAY FREE BROOK WOOD RO CHARLOTE, NL 28215
	10EC 27
(Use attachment if necessary)	7) 7) 7) 8) 8) 8) 8) 8) 8)
	date of filing: (OPTIONA e specific and cannot be more than five business days
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.)

LEENA P BUNTON

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)