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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
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FLORIDA LIMITED LIABILITY CO.
Hom Services LLC

Certificate of Status	0
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J. BRYAN

MAR 16 2012

EXAMINER

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

HOM SERVICES LLC

ARTICLE II ADDRESS

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

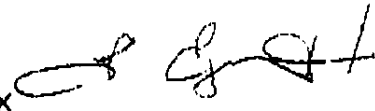
4460 HODGES BLVD. # 1014
JACKSONVILLE, FL 32224

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

TEDDY GARRETT
12 TARRAGONA CT.
ST. AUGUSTINE, FL 32086

Having been named as registered agent 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.

x 

TEDDY GARRETT / Registered Agent's signature

PAGE 2 HOM SERVICES LLC

ARTICLE IV MANAGEMENT


The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MEMBERS (optional)

MANAGER
LORI GAMBLE
4460 HODGES BLVD. # 1014
JACKSONVILLE, FL 32224

MANAGER
TEDDY GARRETT
12 TARRAGONA CT.
ST. AUGUSTINE, FL 32224

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.....

X
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.

LORI GAMBLE