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(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:
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

APR 25 2012

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	сст: Insid	POUT Home in Name of Limited Lia	Aprovements L.L. ability Company	۷		
The en	closed Articles of C	Organization and fee(s) are subm	itted for filing.			
Please	return all correspon	dence concerning this matter to	the following:			
	11	eston Dozier	of Power			
		/ Name	e of rerson			
		Firm	/Company			
		821 Trndall de	`			
	Tallo	hassee /florida	Address 32304	TALL AH	2012 APR	F RESE
		City/State	e and Zip Code	ASSER	25	-
For fun		E-mail address: (to be used for future neering this matter, please call:		FLORI	MH :: 2	1
Pre	ston Doz Name of	ec at (350) 509-686 Area Code & Daytime Telep	ohone Number		
Enclos	ed is a check for	the following amount:				
\$125.00	Filing Fee [Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Stat Certified Copy (additional copy is en	tus &	
	1 1 2 2	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Inside out Home imployeme (Must end with the words "Limited Liab	enTs PLas L.L.C. pility Conipany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1821 Tyndall Dr Tallahassee fl 32304	1821 Tyndall Dr Tallahassee Florida 32304
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the Pleston Posice Name	registered agent are: 7012 APR 25 ALLAHASSE
Tallahassee	idress (P.O. Box NOT acceptable) FL 323 A

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

"MGRM" = Managing Member Mg(m)	Pleston Dozier 1821 Tyndall de
	Tallabassee florida 323 o4
	SEURITAR FALLAHASS
	AASS
	AM II: 2
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL)
ffective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business days

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.)

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)