1/2000063511

(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:
	A. LUNT
	MAY 10 2011

Office Use Only

800234648628

MAY-8 PH 3 16 TRETARY OF STATE AHASSEE, FLORIDA ----

05/08/12--01016--010 **130.00

COVER LETTER

TO: Registration Section Division of Corporations SURJECT: Huml for Life Solutions, LLC
SUBJECT: Home for Life Solutions, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREW MARCE! DEMERS JR. Name of Person
Name of Person
Home for Life Golutions LLC Firm/Company
Firm/Company
2216 RISING GREEK COURT
Dynedin FLoxida 34698 City/State and Zip Code Andrew 1450 & Ao L. Com E-mail address: (to be used for future annual report notification)
Andrew 1450 & AOL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andelw M Demets JL at (727) 773-1946 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times S130.00 Filing Fee & Certificate of Status \$\times Certificate of Status \$\times Certified Copy (additional copy is enclosed) \$\times Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	pany is:
Home for Life God	ted Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2216 Rising LREEK CT DUNEdin, FL 34698	DUNEdin FL 34698
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
JANETLE	of the registered agent are: Slave Name Signature Name Name
	Name $\psi_{m} = c_0$
1931 King Florida	Name State Name Street address (P.O. Box NOT acceptable) Store FL 3410 8 3 City, State, and Zip
- VAI m NAK	City, State, and Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and comp	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
	Hore -
Registered Agent	's Sknature (REQUIRED)
- (CC	NTINIEDI

Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

ANDREW MARCE! DEMELS JR

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)