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PICK-UP WAIT MAIL
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(Document Number)
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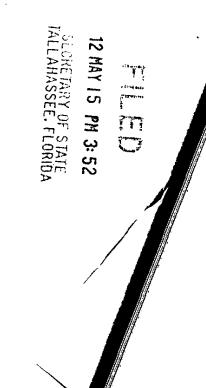
JUN 13 2012

EXAMINER



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COVER LETTER

	Division of Corporations
	SUBJECT: Residential Service Company Name of Limited Liability Company
	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:
	Arthur Todd Cole
	Name of Person
	Arthur Todd Cole Name of Person Residential Service Company Firm/Company
, :	Firm/Company
:	2515 1st St. Apt. 7
	City/State and Zip Code One More phibh @ yahoo. Com E-mail address: (to be used for futury annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future/annual report notification)
	For further information concerning this matter, please call:
	Todd Cole at (828) 200-0344
	Name of Person Area Code & Daytime Telephone Number
	Enclosed is a check for the following amount:
1	
	\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courier Address
	Registration Section Registration Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Home Sei	TV LEC:	· ·
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
19300 Turkey Run	Lane same	····
AVA FT. 33920	Lane same	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individual	Signature:
The name and the Florida street address	ss of the registered agent are:	7.6 7.
THE MANIE BING BIE I TOTTOM SELECT MAGNES		
_	Todd Cole	AR T
Arthur	Todd Cole	MAY 15 CRETARY LAHASSE
Arthur		
19300 T Florid	a street address (P.O. Box NOT acceptable)	
19300 T Florid		

egistered 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)

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 5. 15. 12. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.) Todal Cole
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)