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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 28 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LEJ HOME INSTAUATION LLC, PER PORTION 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:
JOSHUA ELLISON Name of Person
LEJ HOME INSTALLATION LLC. Firm/Company
141 ESCANABA AVE. AANAMA CETY BEACHEG32413
PANAMA CITY BEACH, FL 32413 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 960-1545 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigsup \\$130.00 Filing Fee & Certificate of Status \$\bigsup \Certified Copy (additional copy is enclosed) \$\\ \frac{1}{100.00} \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \\ \frac{1}{100.00} \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \\ \frac{1}{100.00} \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \\ \end{array}
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
(Must end with the words "Limited Liabil	LCATION LLC, lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
141 ESCANARA AUE.	141 ESCANABA AVE.	
PANAMA CETY BEACH, FL. 32413	PANAMA CTTY BEACH, FL 32413	
PANAMA CTY BEAG	registered agent are: ACC ACC ACC ACC ACC ACC ACC ACC ACC AC	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	accept service of process for the above stated limit his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of orformance of my duties, and I am familiar with an stered agent as provided for in Chapter 608, F.S	: fall
Registered Agent's Signati	ure (REQUIRED)	
// (CONTINI	(IED)	

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
"MGR"	JOHNA ELLISON 141 ESCANADA AUE. PANAMA CITY BEALH, FL. 32413		
	SEURITA MA'S	2012 AUG 24	$\overline{\Pi}$
	SEE F		
(Use attachment if necessary)	ORA DE	2 - 8	

ARTICLE V: Effective date, if other than the date of filing: <u>69-02-2012</u>. (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.)

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)