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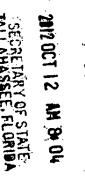
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J. SAULSBERRY EXAMINER

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COVER LETTER

то:	Registration of	on Section Corporations	.··	
SUBJ	ECT: Hor	nest Mitigation Serv	vices, LLC.	
	-	Name of Limi	ted Liability Company	
The en	nclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all con	respondence concerning this mat	tter to the following:	
	Jover F	Perez		
	001011		Name of Person	
	Honest	Mitigation Service	s, LLC.	
			Firm/Company	
	800 We	est Avenue. Apt 409)	
	,		Address	
	Miami Be	each, FL 33139		
		Ci	ty/State and Zip Code	25.55 28.52 28.52
	HonestM	S@live.com	A 0.	<u>`₹</u> 8
For fu	rther informati	E-mail address: (to be used ion concerning this matter, pleas	for future annual report notification) c call:	ARY O
Jove	er Perez		at (786) 262-4740	F STA
	Na	me of Person	Area Code & Daytime Telep	
Enclos	sed is a checl	k for the following amount:		
) Filing Fee	-	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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 Cl Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	\mathbf{n}	N.L	ناد	1 -	1.45	

The name of the Limited Liability Company is:

Honest Mitigation Services, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
800 West Avenue. Apt 409	P.O. Box 440245
Miami Beach, FL 33139	Miami, FL 33144

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

800 West Avenue. Apt 409

Florida street address (P.O. Box NOT acceptable)

Miami Beach

FL 33139

City, State, and Zip

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Perez /est Avenue. Apt 409 Beach, FL 33139
/est Avenue. Apt 409
Beach, Ft 33139
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ng: (OPTIONAL) and cannot be more than five business days pr

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.)

Jover Perez

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)