

L/2000131492

(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
OCT 16 2012
EXAMINER

Office Use Only



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10/12/12--01032--013 **125.00

FILED
2012 OCT 12 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alex Bendien
1851 Via Granada
Boynton Beach, FL 33426
561-577-5776
alexb@my-hst.com

October 8, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**RE: RELEASING NAME: HOME SOLUTIONS TEAM, LLC
DOCUMENT # L11000063443 AND REILING AS A NEW ENTITY**

Dear Sir/Madam:

Please allow this correspondence to serve as notification that I have no intention of reinstating the company name Home Solutions Team, LLC and am therefore releasing the name.

Please note that I have enclosed the proper documentation and fee to register **Home Solutions Team, LLC** as a brand new entity. Should you have any questions or require additional information, please contact me directly. Thank you for your help with this matter.

Very truly yours,


Alex Bendien

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TALLAHASSEE, FLORIDA
STATE
DEPARTMENT OF
CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME SOLUTIONS TEAM, 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:

ALEX BENDIEN

Name of Person

Firm/Company

1851 VIA GRANADA

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

ALEXB@MY-HST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX BENDIEN

Name of Person

at (561) 577-5776

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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 Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOME SOLUTIONS TEAM, 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:

1851 VIA GRANADA
BOYNTON BEACH, FL 33426

Mailing Address:

1851 VIA GRANADA
BOYNTON BEACH, FL 33426

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:

ALEX BENDIEN

Name

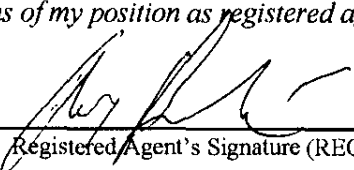
1851 VIA GRANADA

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

BOYNTON BEACH, FL 33426

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..


Registered 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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

ALEX BENDIEN
1851 VIA GRANADA
BOYNTON BEACH, FL 33426

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 OCT 12 AM 09 52

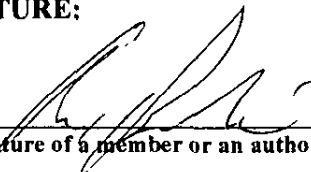
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Alex Bendien

Typed or printed name of signer

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)