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C. LEWIS

MAR - 5 2013

EXAMINER

(850) **245 3**051.

COVER LETTER

TO: Registration Section Division of Corporations

HOME MAKEOVERS, 2LC 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:

	Sheri D. Ladd Name of Person	
	QUALITY HOME MAKEOVERS, LLC	
-	Firm: Company	
	1032 HORNDERM STREET	
***************************************	Address	
	Oviedo, FL 32765	
	City/State and Zip Code	
Sheridladd@gmail.com		
	E-mail address: (to be used for future annual report notification)	
inther in	iformation concerning this matter, please call:	
•	Sheei Niladd 407 272 1206	

Enclosed is a check for the following amount:

Name of Person

□\$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

Area Code & Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the word) 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:
1032 HORN beam St	1032 HORNBEAMST
OVIEDO FL 32765	OVIEDO, FL 32765
ARTICLE III - Registered Agent, Registere	
(The Limited Liability Company cannot serve as its own Reg	istered Agent. You must designate an individual or another

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)

Page 1 of 2

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

and instructions to form a Florida Limited Li		http://form.sunbiz.org/pdf/cr2e047.pdf	
ARTICLE IV- Manager(s) or Man		Nows: 218 MAR 4 AM 12: 46	
Title: MGR" = Manager MGRM" = Managing Member	Name and Address:	4 AM 12: 46	
MGR	Sheri D. 1032 HOR OVEDO FL	Ladd PNDEAM St 32765	
TO CANTON A CHICAGO AND A CANTON AND A CANTO			
MATERIAL S			

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (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)
- S 5.00 Certificate of Status (Optional)

Page 2 of 2