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TALLAHASSEF FI DEIDA

MAR 13 2013 D. BRUCE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Home S	tart America LLC		
	Name of Limite	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Jeffrey S. Ale	exander		
		Name of Person	
		Firm/Company	
1001 S. Ridg	newood Ave		
	,5.1.5	Address	_
Edgewater F	Florida 32132		
	Cit	y/State and Zip Code	
jalexa3066@		Pic 2	3
For further information	E-mail address: (to be used f concerning this matter, please	DE1	
Jeffrey Alexander		ARY O SEE O TO	CHESTER
Name	of Person	Area Code & Daytime Telephone Number CORD TO STATE	. (m.
Enclosed is a check f	or the following amount:	ATE RIDA	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Home Start America LLC. (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1001 S. Ridgewood Ave Edgewater, Fl 32132	1001 S. Ridgewood Ave Edgewater, Fl 32132
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Jeffrey Alexander Name	
1001 S. Ridgewood Ave	Pess (P.O. Box NOT acceptable)
Edgewater FL 32132	FL TO STATE OF THE
liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete	eccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with this provided for in Chapter 608. F.S

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Titl</u> "Mo	<u>e:</u> GR" = Manager GRM" = Managing Member	Name and Address:
МG	R	Jeffrey S. Alexander 112 Via Duomo New Smyrna Beach, Fl 32169
(Us	e attachment if necessary)	
(If an effec		e specific and cannot be more than five business days
RE	QUIRED SIGNATURE:	
	Signature of a member of	or an authorized representative of a member.
	constitutes an affirmation under the	08(3), Florida Statutes, the execution of this document representation in a document to the Department of State; sprovided for in s.817.155, F.S.)
	Jeffrey S. Alexande	
	Filing Fees:	d or printed name of signee
	\$125.00 Filing Fee for Articles of Organia	ration and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)