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50) 245-6051.

COVER LETTER

TO: Registration Section **Division of Corporations**

Great HomeSpectations, 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:

Len Gutoski Name of Person Great HomeSpectations, LLC Firm/Company 9011 40th Ct. E. Address Parrish, Fl. 34219 City/State and Zip Code GreatHomeSpectations@gmail.com

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

For further information concerning this matter, please call:

Len Gutoski

Name of Person

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,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
Great HomeSpectations, LLC	
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Len Gutoski	Great HomeSpectations
9011 40th Ct. E.	9011 40th Ct. E.
Parrish, FI.34219	Parrish,Fl. 34219
The name and the Florida street address Leonard J Gutoski Jr	Name
9011 40th Ct. E.	
Florida	street address (P.O. Box <u>NOT</u> acceptable)
Parrish	_{FL} 34219
	City, State, and Zip
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and and accept the obligations of my positi	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S
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(CONTINUED)

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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	Name and Address:
"MGRM" = Managing Member	r
MGRM	Leonard J. Gutoski Jr
	9011 40th Ct. E.
	Parrish, FI.34219
MGRM	Karen R. Gutoski
	9011 40th Ct. E.
	Parrish, Fl.34219
(Una ette chement (Canadanae)	
(Use attachment if necessary)	
CLE V: Effective date, if other the	han the date of filing: July 5, 2013 (OPTIONAL)
	e must be specific and cannot be more than five business days
to or 90 days after the date of fil	ing.)
REQUIRED SIGNATURE:	
	Hiloski
Signature of a	member or an authorized representative of a member.
On accordance with sect	tion 608.408(3), Florida Statutes, the execution of this document

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

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