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T. HAMPTON

COVER LETTER

TO: Registration S Division of C		·	
SUBJECT:	Para Home Impro Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
K	Pichad Kan		
		Name of Person	
		Firm/Company	
45	Little Creek D.		
		Address	
Crz	farlistle, Fl	3 Z 3 Z 7 y/State and Zip Code g_m(1.com) for future annual report notification)	
	Cit	y/State and Zip Code	
heard	E-mail address: (10 he used	g Mailcom	
	concerning this matter, please		٠.
	, , , , , , , , , , , , , , , , , , , ,		
Name	of Person	_at ()Area Code & Daytime Telepl	none Number
Name	of terson	Area Code & Daytine Telepi	ione ramber
Enclosed is a check f	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 Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	· :
Hearn Home Improvements L (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
45 Little Creek Dr Crawfordille, Fl 32327	45 little Creek Dr. Crantadvilla, F1 32327
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Hern How In	Richard Hears
45 Little Creen Florida street ac	ldress (P.O. Box <u>NOT</u> acceptable) FL 32327
City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of the performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ature (REQUIRED)
(CONTIN	VUED)
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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 MGR	Richard Hearn 45 Little Creek Dr. Combridle, Fl 32327
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other the	an the date of filing: (OPTION
LE V: Effective date, if other the	must be specific and cannot be more than five busin
LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of fili	must be specific and cannot be more than five busin
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LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five busin ng.)
LE V: Effective date, if other the frective date is listed, the date or 90 days after the date of fili REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation I am aware that any false constitutes a third degree	must be specific and cannot be more than five busin

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)