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(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations	٠.	
SUBJECT: Tye'S H	Name of Limited Liability Company	nd Services: LLC.
The enclosed Articles of Organization	and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
David	/ M Tyc Name of Person	
Tye's Ho	ome Improvments a	ind Services
10086	Blue waters RD. Address	
Tallahass	ce FL 32365 City/State and Zip Code Life Lave Your Life (ress: (to be used for future annual report notification)	
Live_Your_U	ress: (to be used for future annual report notification)	@ xahoo: com
For further information concerning thi	is matter, please call:	
David Tye Name of Person	at (951) 764-5 Area Code & Daytime Telephone	Number
Enclosed is a check for the following	ing amount:	
-	te of Status Certified Copy Cer (additional copy is enclosed) Cer	tified Copy litional conditional condition
P.O. Box 6	n Section Registration Section f Corporations Division of Corporations	C 17 AN 8: 4:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Tye's Home Inprovments and Services (Must end with the words "Limited Lidbility Company, "L.L.C.," or "LLC.") 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:
20086 BILL Waters 10086 Blue Boad Tallahassee FL waters Rp. Tallahassee 32305 Pi. 32305
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:
David M Tye Name
10086 Bive waters Rb. Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32305 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)
Page 1 of 2

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

"MGR" = Manager	
"MGRM" = Managing Member MGRM	David M. Tyc 20086 Blue maters Rp. Tallahassee Fl. 32305
	
(Use attachment if necessary)	
effective date is listed, the date mus to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	Da destruit de la mambar
Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false information to the constitute of the consti	3.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State vas provided for in s.817.155, F.S.)
(In accordance with section 608 constitutes an affirmation under I am aware that any false information constitutes a third degree felony	3.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
(In accordance with section 608 constitutes an affirmation under I am aware that any false information constitutes a third degree felony	8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State of as provided for in s.817.155, F.S.)
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