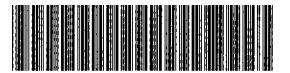
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Delgado Home Improvement, 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:
RAUI Delgado Name of Person
Delgado Home Improvement, LLC.
Deltona, FL 32738 City/State and Zip Code
delgadoloyda@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Raul Delgado at 386 320 -2532 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (additional copy is encl
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limit	ed Liability Compar	ıy is:		
Delgac	To Home Must end with the w	Improvords "Limited Lin	Vement, LLC	"LLC.")
ARTICLE II - Addre The mailing address an		the principal offic	e of the Limited Liability Co	npany is:
Principal Office Addi	ress:	Mailing	Address:	
2820 Belk Deltona, F	Lton ct.		2820 Belkto	onct.
Deltona, F	132738		2820 Belkto Deltona, FL	32738
The name and the Flori			ent are:	
	2820	Belkton	c+	
	Florida street addi	ress (P.O. Box No.	OT acceptable)	
	Delto	na	FL 32738 Zio	
	C	City	Zip	
the place designate	d in this certificate, l gree to comply with t	l hereby accept the the provisions of a	e of process for the above state appointment as registered ag Il statutes relating to the prop tions of my position as registe	gent and agree to act in this

(CONTINUED)

Page 1 of 2

FILE 20
SECRETARISM STATE 20

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MON Manager	RAUI Delgad 2820 Beikton C Deltona, FL 32	٥
	2820 Belkton C	-
	Deltona, FL 327	738
AMBR		
(T		
(Use attachment if necessary)		
ective date is listed, the date must be spentfilling.) EVI: Other provisions, if any.	of filing:	ess days prior to or 90 d
ective date is listed, the date must be spend filling.) E VI: Other provisions, if any.	cific and cannot be more than five busin	ess days prior to or 90 d
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