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T. BROWN

COVER LETTER ...

į	TO: Registration Section Division of Corporations
	SUBJECT: South of France Home Management, 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:
	Anne Bennett-Ciaglia
	Name of Person
	South of France Home Management, LLC
	Firm/Company
	18012 SE Heritage Drive
	Address
	Tequesta, Florida, 33469
	City/State and Zip Code
	sooffra@gmail.com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Vincent Ciaglia at (561) 635 8401 Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

⊲; TO:

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

ARTICLE I - Name: The name of the Limited Liability Company is: South of Frane Home Management, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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: 18012 SE Heritage Drive Tequesta Florida 33469 Florida 33469

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Kelly Bennett	
Nam	ne
2600 Via Royale - # 2601	
Florida street address (P.O. Bo	ox NOT acceptable)
Jupiter	FL 33469
City	Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
"MGR" = Manager	Anne Bennett-Ciaglia
	18012 SE Heritage Drive
	Tequesta, FL 33469
"AMBR" = Authorized Mem	Vincent Ciaglia
	18012 SE Heritage Drive
	Tequesta, FL 33469
•	
	
EV: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) E.V: Effective date, if other than the dective date is listed, the date must be filling.) E.VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the d ctive date is listed, the date must be f filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or 9
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 of the second secon
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Flotida Statutes, the execution of this document
E.V: Effective date, if other than the dective date is listed, the date must be filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation will am aware that any false in	specific and cannot be more than five business days prior to or 90 of the second secon
EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation will am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State