L14000108522

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

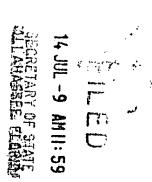
. Office Use Only



200261650662

07/09/14--01011--012 **125.00

EFFECTIVE DATE 7/7/14



7/9/14

	egistration Section vision of Corporations		
SUBJECT	: SPEEDY HOME SO	INTIONS LLC	·
	Name of Li	mited Liability Company	
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.	
Please retu	rn all correspondence concerning this r	natter to the following:	
	LOUG KAR YIU		
	LONG KAR YIM	Name of Person	
	SPEEDY HOME	Solutions LL	_
		Firm/Company	
	16006 GATWICK (COURT	
	ng Kare grad : wm E-mail address: (to be us	33647	
10.	as kanga amash iyim	City/State and Zip Code	
	E-mail address: (to be us	ed for future annual report notifica	ition)
For further	information concerning this matter, ple	ease call:	
Leng	KAR III at (813) 43176	59
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is	a check for the following amount:		
⊠ \$125.00 Fi	ling Fee \$\square\$\$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 Adding Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

EFFECTIVE DATE 7/7/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Cor	mpany is:			
SPEEDY H	lome s	OLUTIONS	LL (
(1	Must end with t	he words "Limited	Liability Com	pany, "L.L.C.," or '	'LLC.")
ARTICLE II - Addre The mailing address ar		s of the principal o	ffice of the Lin	nited Liability Com	pany is:
Principal Office Addi	ress:		Mailing A	ldress:	
TAMPA, FL	COUR - 33647	<u> </u>	1600 Tampa	6 GATWICK 1, FL 336	COURT
ARTICLE III - Regis (The Limited Liability another business entity	Company cann	ot serve as its own	Registered Ag		
The name and the Flor			J		
	LENG K	LAR YIU Name			
	16006	GATWICK	COURT		
	Florida street	address (P.O. Box	NOT accepta	ble)	
	TAMPA	-	FL	33647	
		City		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 605, F.S..

gistered weent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE.

Fitle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager AMBR; MGR	1 V J
AMBR; MGR	Long KARe Tin
	1600 6 GATWICK COUPT TAMPA FL 33692
HMBR: MGR	ARIEL BALTAZAR
HOIBE, MAE	3643 PEPPERVINE PLACE
	WEILEY CHAPEL FL 33544
	
Use attachment if necessary) V: Effective date, if other than the date	e of filing: 07/07/14 (OPTIONAL)
filing.)	e of filing: 07 07 14 (OPTIONAL) secific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	e of filing: 07 07 14 (OPTIONAL) secific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	e of filing: 07/07/14 (OPTIONAL) secific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	e of filing: 07 07 14 (OPTIONAL) secific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EOUIRED SIGNATURE:	ember or an authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of me (In accordance with section 66)	epper or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of yme (In accordance with section 60 constitutes an affirmation unal I am aware that any false information under the section of the sect	enther or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the mation submitted in a document to the Department of State
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. ECOUIRED SIGNATURE: Signature of a me (In accordance with section 6) constitutes an affirmation und I am aware that any false infor constitutes a third degree felor	entitle of an authorized representative of a member. 95.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the remaining submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a me (In accordance with section 6) constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	enther or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the mation submitted in a document to the Department of State
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of me (In accordance with section 66 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	entitle of an authorized representative of a member. 95.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the remaining submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

Page 2 of 2

14 JUL -9 AMII:59

5