Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From: Carrie L. Ramos, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone

: (407)843-8880

Fax Number

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FLORIDA LIMITED LIABILITY CO.

Home'n Offices International, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

Home'n Offices International, LLC

ARTICLE II Address

The initial mailing address and street address of the principal office of this Limited Liability Company is:

14947 Hawksmoor Run Circle Orlando, FL 32828

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have one (1) manager mitially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

Name

Street Address

Marcelo S. Brandão

14947 Hawksmoor Run Circle Orlando, FL 32828 FILED IN 8:19

ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Marcelo S. Brandão 14947 Hawksmoor Run Circle Orlando, FL 32828

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.135, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Marcelo S. Brandão, Authorized Representative
Type or printed name of signee

