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2014 NOV -3 PN 12: 4 Secretary of State

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: S.C.Housholder LLC	
Name of L	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
TotalLegal	
	Name of Person
TotalLegal	
	Firm/Company
375 118th Ave SE, Ste 118	
	Address
Bellevue, WA 98005	C'. /C 17'. C
	City/State and Zip Code
boss429lx@hotmail.com E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pl	lease call:
	(866) 815-6840
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy (additional copy is enclosed) \$\text{\$\sum{\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{
Mailing Address 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	mited Liability Company is:				
S.C.Housholder					
	(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Ad The mailing addres		oal office of the Limited Liability Company is:			
Principal Office A	ddress:	Mailing Address:			
1091 17Th Ave N	٧	1091 17Th Ave N.	-		
St Petersburg, Fl	L 33704	St Petersburg, FL 33704			
The name and the I	Sean C. Housholder No. 1091 17th ave N. Florida street address (P.O.	ame	SECRETARY OF	2014 NGV -3	FILE
	St Petersburg	FL 33704		PH	D
	City	Zip	岩流	12: 4	
the place design capacity. I furthe	nated in this certificate, I hereby acter agree to comply with the provision of the familiar with and accept the	ot service of process for the above stated limited lia ccept the appointment as registered agent and agre ions of all statutes relating to the proper and comple e obligations of my position as registered agent as p chapter 605, F.S	e to act in t ete perform	his ance	

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	Sean C. Housholder
	1091 17Th Ave N.
	St Petersburg, FL 33704
	•
MGR	Jeffery J. Housholder
	8430 Boxwood Dr
	Tampa, FL 33615
 	
EV: Effective date, if other than the daterive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the dative date is listed, the date must be filling.)	
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E V: Effective date, if other than the dective date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a 1	specific and cannot be more than five business days prior to or 90 da Addulate member or an authorized representative of a member.
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 man of the date of the dat	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
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ARTICLE IV-