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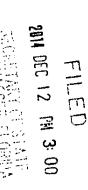
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COVER LETTER

	egistration Section ivision of Corporations	•	· · · · · ·		,
SUBJECT	: HOMES-4 U. LLC	Name of Li	mited Liability Co	ompany	
	ed Articles of Organization				
	Connie Mitchell		Name of Perso	n	
	HOMES-4 U, LLC		Firm/Compan	ny	
	P.O. BOX 4396		Address	-,	
	BRANDON, FL 3350		City/State and Zip	Code	
	mes4u@gmail.com E-mail addr information concerning t		ed for future annu-	al report notifica	tion)
Connie N	Mitchell Name of Person	at (_	813) <u>33</u> Area Code	4-0795 Daytime Tel	ephone Number
Enclosed is		-	S155.00 Fill Certified Co		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corpo P.O. Box 6327		Regi Divi	et/Courier Add stration Section sion of Corporat on Building	

Tallahassee. FL 32301

Tallahassee. FL 32314

2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2014

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CONNIE MITCHELL PO BOX 4396 BRANDON, FL 33509

SUBJECT: HOMES-4 U, LLC Ref. Number: W14000069120

A E C E I V E D

14 DEC 12 M 10: 00

14 DEC 12 M 10: 00

14 DEC 12 M 10: 00

Sel corrections and updates,

We have received your document for HOMES-4 U, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	•	CM			
HOMES-4 U. LLC Change to C (Must end with the words	M Homes "Limited Liability Co		kel Liability	Company	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the I	Limited Liability (Company is:		
Principal Office Address:	Mailing	Address:			
11117 KEMPTON VISTA DR. RIVERVIEW, FL 33579		OX 4396 OON, FL 33509			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida retrieve and the Florida street address of the reconnice Mitchell	s its own Registered . egistration.)			dual or 2014 DEC	T
Comme Whench	Name	ame			
11117 Kempton Vist Florida street address (Box NOT acceptable)		1 S S S S S S S S S S S S S S S S S S S	
Riverview	FL	33579	_	器。	
City		Zip		- 14	
Having been named as registered agent and to the place designated in this certificate. I here capacity. I further agree to comply with the pr of my duties, and I am familiar with and acce	eby accept the appoin rovisions of all statute	tment as registered is relating to the pr my position as regi	d agent and agree to coper and complete j	o act in this performance	

(CONTINUED)

Page 1 of 2

•	Title:	Name and Address:	
	"AMBR" = Authorized Member	· · · · · · · · · · · · · · · · · · ·	
	"MGR" = Manager		
	AMBR	Connie Mitchell	
		11117 Kempton Vista Dr.	
		Riverview, FL 33579	
		11110.11011,1 = 00010	
			
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ARTICLE IV-