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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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FEB 1 8 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Home Shores Properties 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:	
Bradford Bloink Name of Person	_
Home Shoves Properties	_
1810 Mobility Ln	5 EB II
Tampa FL 33621 City/State and Zip Code Dradford. bloink wyaho Com E-mail address: (to be used for future armual report notification)	10 M # 40
For further information concerning this matter, please call:	
Bradford Bloink at (226) 239-6531 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{\$(additional copy is enclosed)}\$\$ Certified Copy \$\text{\$(additional copy is enclosed)}\$\$ (additional copy is enclosed)	s &

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Home Shores Properties 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:	
1810 Mobility Ln Tampa FL 331021 Tampa FL 331021	
The name and the Florida street address of the registered agent are: Dradford Bloink Name Nam	FILED FILED
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as proving the complete of the proper and complete position as registered agent as proving the complete of the proper and complete position as registered agent as proving the complete of the complete of the proper and complete position as registered agent as proving the complete position as reg	act in this erformance

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Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	1 ' C DL' "
	Jenniter Bloink
AMBR	Tampa El 23/42/
	lealer D
<u> 1000 12 10 - </u>	USNUA KUAY
HINDR	Tampa, Fl. 33621
	
(Use attachment if necessary)	
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ARTICLE IV-