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FEB 25 2015 S. YOUNG

COVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJ	ECT: Total Home Control LLC		
	Name of Lir	nited Liability Company	
	1		
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Doug Brennaman		
		Name of Person	
	Total Hama Control I I C		
	Total Home Control LLC	Firm/Company	
		, ,	$\frac{1}{2} = \frac{1}{\sqrt{N}}$
	348 48th St. W.		ં નવ
		Address	
			- (7) In-
	Palmetto, FL 34221		
	; C	City/State and Zip Code	in the second
<u>d</u>	brennaman@att.net	d for future annual report notifica	
	E-man address: (to be use	a for future annual report notifica	ation)
For fu	ther information concerning this matter, plea	ase call:	
Doug		417) <u>860-1078</u>	1 1 2 1
	Name of Person	Area Code Daytime Te	lephone Number
Englan	ad is a shoot far the fallering amount.		
	ed is a check for the following amount:	_	_
실 \$ 125.(00 Filing Fee □\$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	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle .

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Total Home Contro	ol LLC		
		s "Limited Liability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Add	ress:		
The mailing address	and street address of the	principal office of the Limited Liability Co	mpany is:
Principal Office Ad	ldress:	Mailing Address:	
348 48th St. W.		348 48th St. W.	
Palmetto, FL 3422	?1	Palmetto, FL 34221	
ARTICLE III - Reg	gistered Agent, Registere	ed Office, & Registered Agent's Signatur	re: Fig. A
(The Limited Liabili	ty Company cannot serve	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must des	re: signate an individual or
(The Limited Liabili		ed Office, & Registered Agent's Signatur as its own Registered Agent. You must des	re: signate an individual or
(The Limited Liabili another business ent	ty Company cannot serve	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must des registration.)	re: signate an individual or
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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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:	
'AMBR" = Authorized Member 'MGR" = Manager		
AMBR	Doug Brennaman	
	348 48th St. W.	
	Palmetto, FL 34221	
AMBR	Pam Brennaman	
	348 48th St. W.	_
	Palmetto, FL 34221	
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		_
		_
Use attachment if necessary)		
ctive date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to o	r 90
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