L15006679742

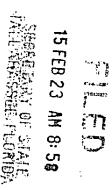
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
definited depicts
Special Instructions to Filing Officer:

Office Use Only



000268708570

02/10/15--01023--028 **125.00



TEMPERS MAK 0 4 MAR.



February 18, 2015

JASON LASO 5340 W KENNEDY BLVD #458 TAMPA, FL 33609

SUBJECT: HOUSE MONEY, LLC Ref. Number: W15000011871

We have received your document for HOUSE MONEY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Letter Number: 515A00003391

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: HOUSE MONEY, LLC Name of	Limited Liability Company	
Th			
	return all correspondence concerning this	-	
		ū	
	JASON LASO	Name of Person	·····
		Firm/Company	
		1 mis company	
	5340 W Kennedy Blvd #458	Address	<u> </u>
	Tampa, FL 33609	•	
		City/State and Zip Code	
js	laso@gmail.com E-mail address: (to be	used for future annual report notific	ation)
For fur	ther information concerning this matter,	please call:	
KEVI	N WALSH a Name of Person	t (<u>813</u>) <u>259-1111</u> Area Code Daytime Te	elephone Number
Enclos	ed is a check for the following amount:		
当 \$ 125.0	0 Filing Fee Status Certificate of Status		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Add Registration Section	
	Division of Corporations	Division of Corpora	tions

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
HOUSE MONEY, LLC	mited Liability Company, "L.L.C.," o	or "I I C ")
(Must ella with the words Lit	inted Liability Company, L.L.C., (or LLC.)
ARTICLE II - Address:	inal affice of the Yimited Tickille. C	
The mailing address and street address of the princi	pai office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
5340 W Kennedy Blvd #458	5340 W Kennedy Blvd #4	458
Tampa, FL 33609	Tampa, FL 33609	
(The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	tration.)	esignate an individual or
JASON LASO	Name	
	Tanic	
5340 W Kennedy Blvd #4 Florida street address (P.O		
TAMPA	FL 33609	
City	Zip	
Having been named as registered agent and to acce the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the	accept the appointment as registered s sions of all statutes relating to the pro	agent and agree to act in this oper and complete performance
_Jas	Jels	15 FE
Segistered Agent's S	Signature (REQUIRED)	8 2
	FINUED) e1of2	3 # 8
I age	. A UL 20	5 6

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	Jason Laso
	5340 W Kennedy Blvd #458
	Tampa, FL 33609
····	
······································	
EV: Effective date, if other than the date of ctive date is listed, the date must be speci	filing (OPTIONAL) fic and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	
Use attachment if necessary) E.V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE:	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memil (In accordance with section 605.0	ber or an authorized representative of a member con 2003 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical constitutes an affirmation under the constitutes are signature.	ber or an authorized representative of a member condition of 900 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memi (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information.)	ber or an authorized representative of a member dependence of perjury that the facts stated herein are true.
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. Signature of a memical (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony and the constitutes at the constitutes	ber or an authorized representative of a member of 2003 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Intion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. Signature of a memi (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information constitutes a third degree felony a JASON LASO	ber or an authorized representative of a member 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. It is provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. Signature of a memical (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information constitutes a third degree felony a JASON LASO	ber or an authorized representative of a member of the penalties of perjury that the facts stated herein are trive. Intion submitted in a document to the Department of State as provided for in s.817.155, F.S.)