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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Effective Date 4/15/15

SECRETARY OF STATE TALLAHASSEE, FLORID.

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4/27/15 45

COVER LETTER

Division of Corporations	
SURJECT: Home Sweet Ho	me Estate Sales, LIC
Name of L	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for Elina
	-
Please return all correspondence concerning this	natter to the following:
1	iba Hucko
	Name of Person
	P: (G
	Firm/Company
10170 Br	iar Cir
	Address
Hudana	E1 34667
(122-201)	City/State and Zin Code
Libath	FL 34667 City/State and Zip Code LCKO @ aol. com
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, ple	ease call:
13 11 15	777 0/3 -02 = 0
Name of Person	727 863-8352 Area Code Daytime Telephone Number
Traine of Ferson	Alea Code Baytane Pelephone Namber
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courler Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Taliahassee, FL 32314	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:		
Home Sweet Home Estate Sales, 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:		
10170 Brian Cir Hudson, FL 34667 Hudson, FL 346	<u>67</u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an incanother business entity with an active Florida registration.)	dividual or	
The name and the Florida street address of the registered agent are:		
<u>Liba Hucko</u>		
Name		
10170 Brian Cir		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Hudson FL 34667 City Zip		
City Zip		
Having been named as registered agent and to accept service of process for the above stated limited lic the place designated in this certificate, I hereby accept the appointment as registered agent and agracapacity. I further agree to comply with the provisions of all statutes relating to the proper and composition of my duties, and I am familiar with and accept the obligations of my position as registered agent as	ee to act in thi lete performa	is nce
VAIR S	28 28 28 E	
Registered Agent's Signature (REQUIRED)	APR 2	7
Page 1 of 2	AHIQ 19	# Tere ± rep • • • • • • • • • • • • • • • • • • •

"AMBR" = Authorized Member "MGR" = Manager MGR	
	Liba Hualo
1101	Liba Hucko 10170 Briar Cur
	Hudson, FL 34667
	•
<u>-</u>	
ective date is listed, the date must be specif	filing: <u>Rpri\ 15, 20\5</u> (OPTIONAL) fic and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date of	filing: <u>April 15, 2015</u> (OPTIONAL) filing and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date of ective date is listed, the date must be specifor filling.)	filing: <u>April 15, 2015</u> . (OPTIONAL) fic and cannot be more than five business days prior to or 90 day
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