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FALLAHASSEE, FLORIDA

MAY 2 7 2015 T. BROWN

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LUSTOM Home Uparades L.L.C.  Name of Limited Lability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Matthew Peters		
Name of Person		
<u>Custom Home Upgrades</u>		
12415 NE 48th Circle		
Address		
Oxford, FL 34484		
M.R. Deters 200 @ amail. Com  E-mail address: (to be used for future annual aport notification)		
For further information concerning this matter, please call:		
To further information concerning this matter, pieuse eur.		
Matt Peters at (352) 638-1885		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		

# **Mailing Address**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street 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:
(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:  12415 NE 48th Cir.  12415 NE 48th Cir.  0xford, FL 34484  0xford, FL 34484
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 individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:    Mathew Peters
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
Matter D Patro

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Matthew Peters
MGR	Datora, FL 34484 Kelly Peters 124151 NE 48th Cir. Datoral FL 34484
<del></del>	
(If an effective date is listed, the date must be speci the date of filing.)	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 days after  et the applicable statutory filing requirements, this date will not be listed as  State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	to R. Peter
(In accordance with section constitutes an affirmation u I am aware that any false in	ber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
	Typed or printed name of signee
\$125 00 Filing Fee for Articles of Organ	Filing Fees:

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)