

L15000101505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

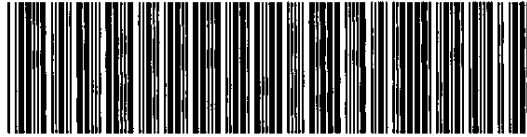
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec. 6/9/15

WIS-21062

Office Use Only



200270253432

200270253432  
03/09/15--01044--014 \*\*160.00

FILED  
15 JUN -9 PM 2:42  
RECEIVED  
JUN 11 2015  
MILWIS

M. MILLIGAN  
EXAMINER

JUN 11 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2015

RESHAN CHUA  
3802 BRAMPTON ISLAND COURT NORTH  
JACKSONVILLE, FL 32224

SUBJECT: YOURHOME, LLC  
Ref. Number: W15000021062

We have received your document for YOURHOME, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P03000101533.

Please return 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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 815A00007081

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~yourHome, LLC~~ Exponentially yourHome, LLC  
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:

Reshan Chua

Name of Person

Firm/Company

3802 Brampton Island Court North

Address

Jacksonville, FL 32224

City/State and Zip Code

yourhome904@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reshan Chua

Name of Person

at ( 904 )

Area Code

887-4622

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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**

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

reshan chua

3892 Brampton Island Ct N • Jacksonville, FL 32224 • Cell Phone: 904.887.4622  
E-Mail: yourHome904@gmail.com

Date: June 1, 2015

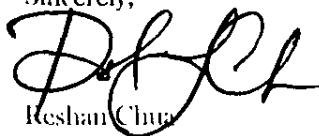
Michelle Milligan  
Reference #: W1500021062  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
850.245.6051

Dear Michelle:

I previously mailed the attached documents to apply for an LLC under ***yourHome*** but I received a letter stating it was too close in name to an already existing LLC. With that said, I'd like to update my LLC name to be ***Exponentially yourHome***.

If you have any issues with that name, please call me on my cell directly at 904.887.4622.

Sincerely,

  
Reshan Chua

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~yourRHome, LLC~~ Exponentially yourRHome, 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:

3802 Brampton Island Court North  
Jacksonville, FL 32224

3802 Brampton Island Court North  
Jacksonville, FL 32224


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:

Reshan Chua  
Name  
3802 Brampton Island Court North  
Florida street address (P.O. Box NOT acceptable)  
Jacksonville FL 32224  
City Zip

*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)

FILED  
15 JUN -9 PM 2:45  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Reshan Chua

3802 Brampton Island Court North

Jacksonville, FL 32224

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

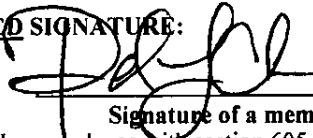
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Reshan Chua

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

FILED  
15 JUN -9 PM 2:42  
RECEIVED  
JUN 10 2014  
CLERK OF THE  
SOLICITOR GENERAL  
TALLAHASSEE, FLORIDA