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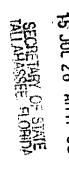
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Homes LLC Name of Limited Liability Company
Name of Emilion Educating Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Posalyn M. Kelly Name of Person
Name of Person
Market Homes LLC Firm/Company
7628 Bronson Lane
Address
Jacksonville, Fl. 32219 City/State and Zip Code
Liram 9503 Dyahoo. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSALYN KULY at 904 514 079 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APPHOVEL AND FLED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUL 28 AM 11: 02

SECRETARY OF STATE ALLAHASSEE, FLORIDA

(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:	<u> Mailing Address:</u>
7628 Bronson Lane	71028 BODSON Lane
Vacksonville, Fl. 3339	Jacksomile, FI. 32919

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:

POSALYN M. K-U/Y

Name

7028 BNNSON LANC

Florida street address (P.O. Box NOT acceptable)

VACKSONVIK Fl. 32219

City State 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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Author "MGR" = Manager		Name and Address:	SECRETARY TAILAHASSER	OF SI E. FLOR
				
				
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(Use attachment if	•	na.	(OPTIONAL)	
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