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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	tegistration Section Division of Corporations
SUBJEC*	ARDENT HOME SERVICES, LLC
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	arn all correspondence concerning this matter to the following:
	LYNNE NEWMEYER
	Name of Person
	Firm/Company
	1337 S. INTERNATIONAL PARKWAY, SUITE 1301
	Address
	LAKE MARY, FLORIDA 32746
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	LYNNE NEWMEYER 407 520-4774
	Name of Person Area Code Daytime Telephone Number
Enclosed	s a check for the following amount:
\$125.00 F	Siling Fee \$\frac{1}{2}\$\$ S130.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ (additional copy is enclosed) \$\frac{1}{2}\$\$ S160.00 Filing Fee, Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed)

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

Street Address

New Filing 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	y Company is:			
Ardent Home Service (Must end v		d Liability Comp	pany, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Lim	ited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
1337 S. International Lake Mary, Florida 3			1337 S. International Parkway, Suite 1301 Lake Mary, Florida 32746	<u>-</u> -
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	n Registered Age	agent's Signature: nt. You must designate an individual or	_
The name and the Florida street a	_			2016 SEP
	Lynne Newmeyer			湖省世
		Name		疆山口
	1337 S. Internationa	ıl Parkway, Suite	1301	
	Florida street addre	ss (P.O. Box <u>NO</u>	T acceptable)	
	Lake Mary	Florida	32746	33
	City	State	Zip	Total Or

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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Aut	porized Member
MGR" = Mana	
MGR	Lynne Newmeyer
	1337 S. International Parkway, Suite 1301
	Lake Mary, Florida 32746
V: Effective c tive date is list filing.)	ate, if other than the date of filing: (OPTIONAL)  ed, the date must be specific and cannot be more than five business days prior to or 90
CV: Effective continued to the continued	ate, if other than the date of filing: (OPTIONAL)  ed, the date must be specific and cannot be more than five business days prior to or 90  in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.
CV: Effective continued to the continued	ate, if other than the date of filing: (OPTIONAL)  ed, the date must be specific and cannot be more than five business days prior to or 90  in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.
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V: Effective of tive date is list filing.) the date inserted ent's effective of VI: Other province of the tipe of tipe of the tipe of tipe of the tipe of	signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
EV: Effective of tive date is list filing.) he date inserted ent's effective EVI: Other productive EVI: Other	signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. am aware that any false information submitted in a document to the Department of State. Lynne Newmeyer

ARTICLE IV-