08/04/2033 05:13

Florida Department of State

#7918 P. 001/003

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000229120 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Address:		 	
1.1				

## FLORIDA LIMITED LIABILITY CO. **HOME SOLUTIONS A&N, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The tame of the Limited Liability Company is: (Must and with the words "Limited Liability Company" LLC., or "LLC.)	y.
Home, solutions ARN, CCC	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liabili	ty
Company is: 8567 cord way # 410 Miami, 72.	
- 0367 CACI COTY # 110 MIGHT, TE	
33 155	
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (The Limited Liabs Company cannot serve as its own Registered Agent. You must designate an individual or another business en	lity otitu
with an active Florida registration.)	
Adriana Babriela Brito	
OF LET CONTROL BUILD	
2014 F YOW JOYAN 10C8	
Miami FL 33155	
ARTICLE IV-	
The name and title of each person authorized to manage and control the Limited	
Liability Company:	]
Adriana gabriela Brito - Ambrzia	<u></u>
<u>の記</u> の記	23
	tion the
	utoria.
	टा
	1
· · · · · · · · · · · · · · · · · · ·	

Required Signatures:

Signature of a member or an althorized 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. 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.

Typed or printed name of signee

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 papacity. 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 (REOURED)

Page 2 of 2