

115000213113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

12/17/15--0101S--005 \*\*160.00

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

12/13/15  
J

FLORIDA STATE  
TALLAHASSEE, FLORIDA

FILED

15 DEC 17 PM 09

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_ **Home2Home Solutions**  
\_\_\_\_\_  
**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:

Kimberly Ann Shedrow

**Name of Person**

Kimberly Ann Shedrow

**Firm/Company**

12501 Walden Run Drive

**Address**

Fort Myers, FL 33913

**City/State and Zip Code**

H2HSolutionsFla@gmail.com

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

For further information concerning this matter, please call:

Kimberly Ann Shedrow	at (	239	) 989-1922
Name of Person	Area Code	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**  
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 Company is:

## Home2Home Solutions, L.L.C.

(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:**

**12501 Walden Run Drive  
Fort Myers, FL 33913**

**Mailing Address:**

**6900 Daniels Parkway  
Suite 29-120  
Fort Myers, FL 33912**

**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:

Kimberly Ann Shedrow  
Name

12501 Walden Run Drive  
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33913

15 DEC 17 PM 4:09  
RECEIVED BY STAFF  
TALLAHASSEE, FLORIDA

*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.*

Kimberly A. Shadlow  
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**

Kimberly Ann Shedrow  
12501 Walden Run Drive  
Fort Myers, FL 33913

(Use attachment if necessary)

1505C17PM  
TALLAHASSEE, FLORIDA  
MAY 14, 1999  
FILED  
FBI - TALLAHASSEE  
60-4469

**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.)

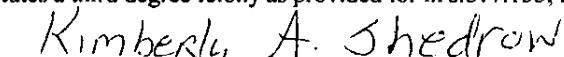
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

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.  
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.



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)