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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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(Business Entity Name)					
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CÖVER LETTER

	Registration Section Division of Corporations						
SUBJEC	JENNIFER & KEVIN LITTLE H	OMES LLC					
SUBSEC		Limited Liabi	ity Company				
The enclo	osed Articles of Organization and fee(s)	are submitted	for filing.				
Please ret	urn all correspondence concerning this	matter to the	following:				
	KEVIN LITTLE						
		Name of	Person				
	JENNIFER & KEVIN LITTLE HO	MES, LLC					
	,	Firm/Co	mpany				
	6719 VILLAVIEW DRIVE						
		Addı	ess				
	PUNTA GORDA, FL 33982						
	KEVINLITTLEDETAILSINC@GM	City/State an AIL.COM	d Zip Code				
	E-mail address: (to be us	sed for future a	nnual report notification)				
For further	information concerning this matter, ple	ease call:					
	KEVIN LITTLE	954	295-7996				
	Name of Person	Area Code	Daytime Telephone Number				
Enclosed	is a check for the following amount:						
\$125.00 F	Filing Fee \$\frac{130.00 Filing Fee & Certificate of Status}	└── Certifi	00 Filing Fee & \$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 1 - Name:

The name of the Limited Liability		_			
	LITTLE HOMES LLO				
(Must end w	ith the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal of	fice of the Limited	Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Address:		
6719 VILLAVIEW D	RIVE PUNTA GORDA	<u> </u>		=	
				-	
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac	annot serve as its own	Registered Agent. '	nt's Signature: You must designate an individual or	16 F	edente from 2
The name and the Florida street ac	dress of the registered	agent are:		8	i j
	KEVIN LITTLE		- USA	9	il man
		Name		P	T
	6719 VILLAVIEWD	RIVE			S n t
	Florida street address	(P.O. Box NOT a	cceptable)	ŭ 5 0	Name of Street, or other Persons and the Street, or other Persons
	PUNTA GORDA	FL	33982		
	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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	KEVIN LITTLE
	6719 VILLAVIEWDRIVE PUNTA GORDA, FL 33982
	TONTA GORDA, FL 33982
MGR	JENNIFER LITTLE
	6719 VILLAVIEWDRIVE
	PUNTA GORDA, FL 33982
	
	
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(Use attachment if necessary)	Contract of the Contract of th
ICLE V: Effective date, if other than the	#### -< = = ###
	be specific and cannot be more than five business days prior to or 90 days a
late of filing.)	be specific and cannot be more than five business days prior, to or 30 days a
e: If the date inserted in this block doe	s not meet the applicable statutory filing requirements, this date will not be list
document's effective date on the Depar	

REOUIRED 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.

KEVIN L. LITTLE

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)