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T. SCOTT



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Welcome Home Investment Gray L.L.C. 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:
Samartha Woodson Name of Person
Firm/Company
9155 TUSCAN VAILEY PI Address
City/State and Zip Code FWETU 900 MOIN (OM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samovtho Woodsqa 407 724-0762 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 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:	
(Must end with the words "Limited Liability Co	nvestment Group L.C. mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
0155 TUSCOIN VOILEY PI original FL 32825	9155 Tuscan Valley Pl Orlando Fe 32835
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered Agenther business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
MSON Penrie	•
Name	
9155 TUSCAN	valler PI
Florida street address (P.O. Box I	NOT acceptable)
Driando FL	32703
City State	Zip
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
- Jaser Vence	
Registered Agent's	Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR AMBR	JASON Pearce
AMBR	Simantha Woodson azi Chestnut Creuc Dr Apopica FL 32703
(Use attachment if necessary)	
effective date is listed, the date must be spete of filing.) If the date inserted in this block does not not cument's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be l
te of filing.)	neet the applicable statutory filing requirements, this date will not be lof State's records.

as

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)