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COVER LETTER

Division of Corporations	
SUBJECT: hou's herairs	and henovations LLC
The enclosed Articles of Organization and fee(s) a	re submitted for filing
•	
Please return all correspondence concerning this m	atter to the following:
haymond -	S GlideWell Name of Person
	Firm/Company
9304 Balmo	Address
Tallahasse	EFI 38311 City/State and Zip Code
hauglide 27	d for future annual report notification)
For further information concerning this matter, plea	se call:
Raymond J Blidewell (Name of Person	850) 570 - 2117 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125 00 Filing Fee \$\text{Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Chale

Tallahassee, FL 32361

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
haus the words "Limited Liablity Company, "L.L.C.," or "LLC.")	<u>io</u> bs	l	LC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:	•		
5304 Balmoral Ar Tallahasser Fl. 32311 Same	 		
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.)	SEChi TALLA	16 APR	<u>)</u>
The name and the Florida street address of the registered agent are: Anymord J Globewell Name	ASSET OF	19 PH	
Florida street address (P.O. Box NOT acceptable)	SIAVE	2: 5	.₹

Having been named as regulered agent and to accept service of process for the above stated limited liability to spany at the place designated in this configurate, I hereby accept the appointment as registered agent and agree to act in the conacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of m, drives, 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

	Title:	Name and Address:
	"AMBR" = Authorized Member "MGR" = Manager	haymond J Glidewell 8304 balmoral dr. Tall, Fl. 32311
		SECRE AH
	· · · · · · · · · · · · · · · · · · ·	SSET OF THE PROPERTY OF THE PR
	(Use attachment if necessary)	D .
the da	effective date is listed, the date must be te of filing.)	the of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed int of State's records.
ARTI	CLE VI: Other provisions, if any.	
	REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.

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)