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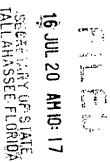
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Certified Copies	_ Certificates	s of Status
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11/2014

COVER LETTER

	Division of Corporations
SLID IE	Hennessey Homes LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Tracy Callahah-Hennessey
	Name of Person
	Hennessey Homes LLC
	Firm/Company
	77 Covington Lane
	Address
	Palm Coast FL 32137
	City/State and Zip Code homesinpalmcoast@aol.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	Tracy Callahan-Hennessey 386 233-4875
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
\$125.00	Filing Fee \$\ \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$\subset}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$\text{\$\text{Certified Copy} \\ (additional copy is enclosed)} \text{\$\text{\$\text{Certified Copy} \\ (additional copy is enclosed)} \text{\$\text{\$\text{\$\text{\$}}\$}\$
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE I - Name:				
The nan	ne of the Limited Liabilit	y Company is:			
	Hennessev Homes LI	LC			
	(Must end	with the words "Limite	ed Liability Co	mpany, "L.L.C.," or "LLC.")	
	LE II - Address:	drace of the principal	affina of tha I	imited Liability Company is:	
THE HA	ing address and street at	autess of the principal	office of the L	minted Liability Company is.	
	<u>Principa</u>	al Office Address:		Mailing Address	:
	213 S 3rd St Flagler I	Beach FL 32137		77 Covington Lanc Palm Coast F	L 32137
					
ARTIC	LE III - Registered Age	ent, Registered Office	., & Registere	d Agent's Signature:	
				agent. You must designate an indivi	dual or
another	business entity with an a	ective Florida registrat	ion.)		
The nan	ne and the Florida street a	address of the register	ed agent are:		P. 15
	and me i fortune en con		ou agom are.		JUL 20
		Tracy Callahan-Hei	nnessev		
			Name		SS
		77 Covington Lane			
		Florida street addre		NOT acceptable)	SF ST
			(* *** ****************************		927
		Palm Coast	FL	32137	0 T
				3 .	pare:

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR Tracy Callahan-Hennessey 77 Covington Lane Palm Coast FL 32137 AMBR Peter J Hennessey 77 Covington Lane Palm Coast FL 32137	
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AMBR Peter J Hennessey 77 Covington Lane	
77 Covington Lane	
77 Covington Lane	
the date inserted in this block does not meet the applicable statutory filing requirements, this date wiment's effective date on the Department of State's records.	i noi i
E VI: Other provisions, if any.	
No.	
D. C.	⊒
	2
REQUIRED SIGNATURE:	Ö
	/
	至
Jane (Allahu - Stemmen	2
Signature of a member or an authorized representative of a member of	**
Signature of a member or an authorized representative of a member.	110
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida 3 (1)	
Signature of a member or an authorized representative of a member.	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida 3210 I am aware that any false information submitted in a document to the Department of Scientific Scientif	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida an aware that any false information submitted in a document to the Department of the Constitutes a third degree felony as provided for in s.817.155, F.S. Tracy Callahan-Hennessey	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida 3210 I am aware that any false information submitted in a document to the Department of Scientific Scientif	
E VI: Other provisions, if any.	