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DATE: 9/1/16

NAME: GRIFFIN HOME SERVICES, LLC

TYPE OF FILING: ARTICLES

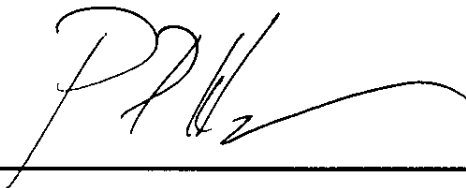
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Griffin Home Services, LLC
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:

Stephen M. Kindseth, Esq.
Name of Person

c/o Zeisler & Zeisler, P.C.
Firm/Company

10 Middle Street, 15th Floor
Address

Bridgeport, CT 06604
City/State and Zip Code

danacasey@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara O'Brien 203 368-4234
Name of Person at () 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
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Street Address
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Division of Corporations
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2661 Executive Center Circle
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Griffin Home Services, LLC

(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:

Principni Office Address:

Mailing Address:

135 Tate Lane
St. Johns, FL 32259

135 Tate Lane
St. Johns, FL 32259

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:

Dana Star Casey

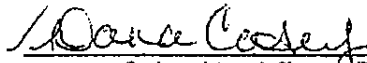
Name

135 Tate Lane

Florida street address (P.O. Box NOT acceptable)

<u>St. Johns</u>	<u>FL</u>	<u>32259</u>
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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

