L/6000228305

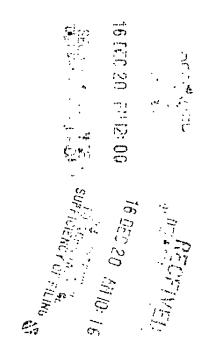
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·





100293161211

12/20/16--01006--003 **250.00



2 120/16

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	CWA HOME SERVICES, LLC		
301320	Name of Limited Liabi	ity Company	
The enci	nclosed Articles of Organization and fee(s) are submitted	l for filing.	
Please re	e return all correspondence concerning this matter to the	following:	
	ADRIAN MIDDELTON, ESQ.		
	Name of	Person	**************************************
	MIDDLETON & MIDDLETON, P.A.		
	Firm/Co	ompany	
	1469 MARKET STREET		
	Addı	ress	
	TALLAHASSEE, FL 32312		
	City/State ar	nd Zip Code	
	HELP@FIGHTINGFORALL.COM	amanal manant matificati	
	E-mail address: (to be used for future	annuar report nouncau	ion)
For furthe	her information concerning this matter, please call:		
	ADRIAN MIDDLETON, ESQ. 850	728-2465	
	Name of Person Area Code	Daytime Telephon	e Number
Enclosed	sed is a check for the following amount:		
\$ 125.00	Certificate of Status Certificate	00 Filing Fee & [ed Copy al 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 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>CWA HC</u>	OME SERVICES, LLC	
	(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
TICLE II - Add	ress:	
e mailing address	and street address of the principal office of the	e Limited Liability Company is:
	Principal Office Address:	Mailing Address
1616 LO	NNIE RD.	SAME
	IASSEE, FLORIDA 32308	

The name and the Florida street address of the registered agent are:

ADRIAN MIDDLETO	ON, ESQ.	
	Name	
1469 MARKET STRE	EET	
Florida street address	(P.O. Box NOT acce	ptable)
TALLAHASSEE	FLORIDA	32312
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

16 PEC 20 (*512) 06

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	CEDRIC ANDERSON 1516 LONNIE RD.
	TALLAHASSEE, FL 32308
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
	meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
AND ALL LEGAL BUSINESS	
ICLE VI: Other provisions, if any. AND ALL LEGAL BUSINESS	

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.

ADRIAN MIDDLETON, ESQ.

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)

Page 2 of 2