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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: COMING HOME SCRIVES 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:
TARA WARMAH. Name of Person
COMING HOME SERVICES LLC. Firm/Company
PG BOX 147
Address OXFORD City/State and Zip Code MWARMWTH J. Q. MNCO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. M. A. R. M. W. M.
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 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Co	RVLCES LLC
(Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
6007 ARCENS WAY	FEL GOOT AR SIX WAY

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate

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

(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.)

MICHAEL WARMUTH

Name

1767 LAKEWOOD A ANCH BLUD & 247

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

BROINTON FL 34200 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 REOURED

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	l
"MGR" = Manager	TAAA WARAMETH
AMBR	TARA WARMUTH 6 PAICE ON WASHINGTON NT COPPE
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(Use attachment if necessary) CLE V: Effective date, if other than the date of	of filing: JANARY / 2018 (OPTIONAL)
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speate of filing.)	of filing: <u>JANARY / 2018</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list of State's records.
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speate of filing.) If the date inserted in this block does not modument's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be list
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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)

ARTICLE IV-