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TO:	New Filing Section
	Division of Corporations

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Home Equity Ventures, LLC

SUBJECT:

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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:

DANIEL A. SMITH

Name of Person

 $\mathcal{J}^{(k)}$

DANIEL A. SMITH, EA

Firm/Company

27149 SERRANO WAY

Address

BONITA SPRINGS, FLORIDA 34135

City/State and Zip Code

huyninann@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL	. A SMITH, EA	, 239	272-2342
	Name of Person	Area Code	Daytime Telephone Number
			ال اعر
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee &	s 1 55.0	00 Filing Fee & S160.00 Filing Fee.

Certificate of Status (additional copy is enclosed) Certificate of Status &

Street Address

Centified Copy (additional copy is enclosed)

Mailing Address 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOME EQUITY VENTURES, LLC

(Muss contain 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:

Principal Office Address:

Mailing Address:

2530 NW 1st AVENUE POMPANO BEACH, FLORIDA 33064

2530 NW IslavENUE POMPANO BEACH, FLORIDA 33064

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:

DANIEL A. SMITH	<u>۲</u> هو	
	lame	
27149 SERRANO WAT	Y	
Florida street address (I	P.O. Box <u>NOT</u> accep	ptable)
BONITA SPRINGS	FLORIDA	34135
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 oppointment 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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

ste of filing.)	*MGR* = Manager ANN HUMPI AMDR ANN HUMPI ZS30 NW Ist AVENUE POMPANO BEACH. FLORIDA 33064 MGR JOHN COLQUIDON ZS30 NW Ist AVENUE POMPANO BEACH. FLORIDA 33064 MGR JOHN COLQUIDON ZS30 NW Ist AVENUE POMPANO BEACH. FLORIDA 33064 WIGR JOHN COLQUIDON ZS30 NW Ist AVENUE POMPANO BEACH. FLORIDA 33064 WIGR JOHN COLQUIDON (Use attachment if necessary) (Use attachment if necessary) CLE V: Effective date. if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a filing.) (OPTIONAL) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not activate a state cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. BEOULIRED SICNATURE: JOHN JOHN Signature of a member of an authorized representitative of a member. This document is exclude in accordance with section 005.0203 (1) (b). Florida Statures, I an avere 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. ANN HUYNH Typed or printed name of signee	<u>Title:</u>	aniand Mambar	Name and Address:	
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