

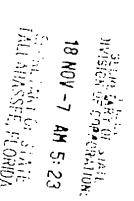
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SIMPLE SOLU- Name of L	HONS Home Services, LL imited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Joseph Grie	(o 1r
	Name of Person
Simple Solution	S Home Services, LLC Firm/Company
3312 A 52 Ave	Drive west Address
Bradenton FL	City/State and Zip Code
Doe. Grieco Q Gr E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, plea	ise call:
Joseph Grieco at (Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	S:55.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S:160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Single Solutions H (Must contain the words "Limited L	ome Ser	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited	Liability Company is:	
Principal Office Address:		Mailing Addi	
3312 A Sans Ave Drive Brownton Florish 34207		BIZA SZNO AVE	Dr. Je west 34207
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent, Y		dividual or
The name and the Florida street address of the registered	agent are:		
JOSEPH G	rieco Ir		
	Name		
3312 A S2.17 Florida street address			
<u>Braisenton</u> City	Florisa	34207	
City	State	Zip	
Having been named as registered agent and to accept service place designated in this certificate. I hereby accept the appoint the agree to comply with the provisions of all statutes ream familiar with and accept the obligations of my position and accept the appointment of the acceptance of the accep	intment as registere lating to the proper	d agent und agree to act and complete performan is provided for in Chapte.	in this capacity. I ce of my duties, and I
	(CONTINUED)		7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A

ARTICLE IV-				
The name and address of each	person authorized to	manage and	control the I.	٠i١

"MOR" = Manager "MOR"		Name and Address:
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	"NACD" - Managen	
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at date of filing). Elevis Greeve H. 3442071 FICLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at date of filing). Elevis Hith date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. FICLE VI: Other provisions, if any. REQUIRED SIGNATORE This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I an 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. JOSEPH Green 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)	M&R	Joseph Gricco Ir
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