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COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: Circle City Home Solution 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: Ronald Barnes Jr Name of Person Circle City Home Solution LLC Firm/Company 10700 City Center Blvd unit #5304 Address Pembroke Pines Fl 33025 City/State and Zip Code Barnesron2@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ronald Barnes Name of Person Area Code Daytime Telephone Number S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)		The state of the s
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Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must 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:

10700 City Center Blvd, Pembroke Pines, Fl 3302

10700 City Center Blvd, Pembroke Pines Fl

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:

Ronald Barnes Jr

Name

10700 City Center Blvd, unit 5304

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

Pembroke Pines Florida 33025

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)

Title:	authorized to manage and control the Limited Liability Company: Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	D 11-
	Ronald Barnes Jr
	10700 City Center Blvd. Pembroke Pines Fl 33025 ur
	
	
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an enecure date is usted, the date must be s	te of filing: April 24, 2014 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days.
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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)