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COVER LETTER

	ing Section of Corporatio	ons			
SUBJECT:	New		Homes	LLC	<u>-</u>
		Name of Lin	nited Liability Compar).	
The enclosed Art	icles of Organi	zation and fee(s) ar	e submitted for filing.		
Please return all o	correspondence	concerning this m	atter to the following:		
7	Oew	Life	Homes.	LLC	<u></u>
	0906	Auturn	NO PAIC	Place	-
	Tam	ON FC	33 lé ,	18	
	GRW	CHUS !	336 City/State and Zip Coc $Acl. Car$	~	
	E-mail	address: (to be use	d for future annual rep	ort notification)
		ng this matter, plea			
Greyor	y J Wid	Heruskian	Area Code Dayti	5-73	<u>53</u>
•,) =	Name of P	erson	Area Code Daytii	me Telephone N	พินทา b er
Enclosed is a ch	neck for the fol	lowing amount:			
\$125.00 Filing		0.00 Filing Fee & ratificate of Status	S155.00 Filing Certified Copy (additional copy i	s enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ad	dress	Street 8	Address	
	New Filing			ing 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: Besining.				
ARTICLE I - Name: The name of the Limited Liability Company is: New LiFe Hunes LLC. (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 Uimited Liability Company is:				
Principal Office Address: Mailing Address:				
10906 Autumo Oak Pl 10906 Autumo Oak Pl TAMPA-FL 33618 TAMPA FL 33618				
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: GREGORY T. WieMenski				
10904 Autumo Ogt Pl				
Florida street address (P.O. Box NOT acceptable) Town 1 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 chities, 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:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	PRESORY J. Wich puski 1094 Autumn CAK Pl
<u>FMBR</u>	TAMPO FL 33618
(Use attachment if necessary)	
If an effective date is listed, the date must be s	te of tiling: 1 1 2000 (OPTIONAL) pecific 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.
This document is exe	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Opt	Organization and Designation of Registered Agent Strain Organization and Designation of Registered Agent

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