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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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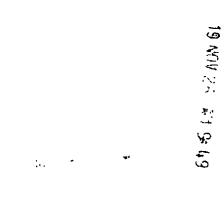


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COVER LETTER

	ew Filing Sec ivision of Cor					
CHDIECT	HOWELL	S HOMES LLC				
SUBJECT	`` <u></u>	Name (of Limited Liab	ility Company		
The enclos	ed Articles of	Organization and fee	(s) are submitte	ed for filing.		
Please retu	rn all correspo	ondence concerning th	his matter to the	: following:		
	HOWELL W	VILLIAMS				
			Name (of Person		
			Eigen /	`ompany	_	
	2454 ATLA	S ROAD	riinve	Company		
			Ad	dress		
	TALLAHAS	SSEE, FL 32303				
	HOWELLWI	LLIAMS431@GMA	-	and Zip Code		
	ŀ	E-mail address: (to be	used for future	annual report notificati	ion)	
For further i	nformation co	ncerning this matter.	please call:			
	HOWELL W	/ILLIAMS	850 at (933-1699		
				Daytime Telephon		
Enclosed i	s a check for t	he following amount:	:			
		□\$130.00 Filing I Certificate of Stat	us Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address			Street Address New Filing Section		
New Filing Section Division of Corporations				Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HOWELL'S HOMES	LLC		
	n the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	fress of the principal offi	ice of the Limited	I Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
2454 ATLAS ROAD		245	4 ATLAS ROAD
TALLAHASSEE, FL ARTICLE III - Registered Agen The Limited Liability Company c	it. Registered Office, &	Registered Age	
ARTICLE III - Registered Agen	it. Registered Office, &	Registered Age	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company c	nt. Registered Office, & annot serve as its own R ative Florida registration	Registered Agent.	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company c mother business entity with an ac	nt. Registered Office, & annot serve as its own R ative Florida registration	Registered Agent.) agent are:	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company c mother business entity with an ac	nt. Registered Office, & cannot serve as its own Retive Florida registration ddress of the registered a	Registered Agent.) agent are:	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company c mother business entity with an ac	nt. Registered Office, & cannot serve as its own Retive Florida registration ddress of the registered a	Registered Agent. () () () () () () () () () () () () ()	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company c mother business entity with an ac	nt. Registered Office, & cannot serve as its own Retive Florida registration ddress of the registered a	Registered Agent.) agent are: S Name	nt's Signature: You must designate an individual
ARTICLE III - Registered Agen The Limited Liability Company c mother business entity with an ac	at. Registered Office, & cannot serve as its own Retive Florida registration ddress of the registered a HOWELL WILLIAM.	Registered Agent.) agent are: S Name	nt's Signature: You must designate an individua

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)

ARTICLE IV-

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

Title.	Name and Address:
"AMBR" = Authoriz	
"MGR" = Manager	
<u>AMBR</u>	HOWELL WILLIAMS
	2454 ATLAS ROAD
	TALLAHASSEE, FL 32303
(Use attachment if n	
RTICLE V: Effective date.	. if other than the date of filing: 01/01/2020 (OPTIONAL)
	the date must be specific and cannot be more than five business days prior to or 90 days aft
e date of filing.)	and the second s
	this block does not meet the applicable statutory filing requirements, this date will not be listed
e document's effective date	e on the Department of State's records.
RTICLE VI: Other provisio	ons, if any,
	r I
REQUIRED SIGN	GATURE:
	K/a wall will
	Howell am
^**1	Signature of a member or an authorized representative of a member.
	is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. m aware that any false information submitted in a document to the Department of State
	nstitutes a third degree felony as provided for in \$.817.155, F.S.
ÇOH	isotrates a tilifa degree feloris as provided for in statistic section.
	HOWELL WILLIAMS
	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)

\$ 5.00 Certificate of Status (Optional)