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COVER LETTER

	ew Filing Sec ivision of Cor				
SUBJECT		URCE SOLUTIONS, L	.LC		
3000001	•	Name of I	limited Liab	ility Company	
The enclos	sed Articles of	Organization and fee(s)	are submitte	ed for filing.	
Please retu	rn all correspo	ondence concerning this	matter to the	following:	
	ROBERT JR	BERGOLLO			
			Name o	of Person	
	HOME SOU	RCE SOLUTIONS, LL	.C		
			Firm/C	Company	
	4605 CABA	LERRO TRL			
		_	Ado	lress	
	KISSIMMEI	E, FLORIDA 34741			
	ROBERT RE	RGOLLO@HOTMAIL	•	nd Zip Code	
•		E-mail address: (to be use		annual report notificat	ion)
For further i	nformation cor	ncerning this matter, plea	ase call:		
	ROBERT JR		407	780-8840	
	Name	e of Person	Area Code	Daytime Telephon	ne Number
Enclosed is	s a check for th	ne following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi	g Address ling Section on of Corporations		Street Address New Filing Section D The Centre of Tallah	

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
HOME SOURCE S	OLUTIONS, LLC.			
	tain the words "Limited	Liability Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited Li	ability Company is:	
Princip	oal Office Address:		Mailing Addre	<u>ss</u> :
4605 CABALERRO KISSIMMEE, FLO			ABALERRO TRL MMEE, FLORIDA 3474	4 1
The name and the Florida street	ROBERT JR BERG	_		
		Name		
	4605 CABALERRO	TRL		
		ss (P.O. Box NOT acco	eptable)	
	KISSIMMEE	FLORIDA	34741	
	City	State	Zip	•
laving been named as registered dace designated in this certificate arther agree to comply with the p in familiar with and accept the o	. Thereby accept the app	oointment as registered	agent and agree to act in	this capacity. I
,				

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	DONCET IN DERCOLLO
	ROBERT JR BERGOLLO 4605 CABALERRO TRI.
	KISSIMMEE, FLORIDA 34741
	
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	ate of filing: 6.1.2020 (OPTIONAL)
(If an effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
Note: If the date inserted in this block does not the document's effective date on the Department	of meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Departine	th of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Leset	TV.
Signature of a	member or an authorized representative of a member.
This document is exc	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fi	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
constitues a anito oct	see retory to provided to the out at the control of
<u>ROBERT JR.</u>	BERGOLLO Topod on printed name of signary
	Typed or printed name of signee

as

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)

COVER LETTER

	lew Filing Section Division of Corporations			
en la recen	HOME SOURCE SOLUTIONS	S. LLC		
SUBJECT	T:Name	of Limited Liabili	ty Company	
The enclos	sed Articles of Organization and fee	e(s) are submitted	for filing.	
Please retu	irn all correspondence concerning t	his matter to the fo	ollowing:	
	ROBERT JR BERGOLLO			
		Name of I	Person	
	HOME SOURCE SOLUTIONS,	LLC		
		Firm/Cor	npany	
	4605 CABALERRO TRL			
		Addre	SS	
	KISSIMMEE, FLORIDA 34741			
	ROBERT_BERGOLLO@HOTM	City/State and	l Zip Code	
-	E-mail address: (to be		nual report notificati	ion)
For further i	nformation concerning this matter,	please call:		
	ROBERT JR BERGOLLO	407 at (780-8840	
	Name of Person		Daytime Telephon	e Number
Enclosed is	s a check for the following amount:			
	Filing Fee	ee & □\$155 is Certifie	.00 Filing Fee & d Copy I copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	T	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

$ARTICLES \, OF \, OR \, GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

	CE SOLUTIONS, LLC.		
(Mu	st contain the words "Limited	Liability Company, "L	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s	treet address of the principal o	ffice of the Limited Li	iability Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
	FRRO TRI	4605 C	ABALERRO TRL
4605 CABAL			
RTICLE III - Register The Limited Liability Co nother business entity w	FLORIDA 34741 ed Agent, Registered Office.	& Registered Agent's Registered Agent. You	MMEE, FLORIDA 34741
ARTICLE III - Register. The Limited Liability Conother business entity with	ed Agent, Registered Office, impany cannot serve as its own th an active Florida registration street address of the registered	& Registered Agent's Registered Agent. You on.) Lagent are:	MMEE, FLORIDA 34741 s Signature:
ARTICLE III - Register. The Limited Liability Conother business entity with	FLORIDA 34741 ed Agent, Registered Office, mpany cannot serve as its own th an active Florida registration	& Registered Agent's Registered Agent. You on.) Lagent are:	MMEE, FLORIDA 34741 s Signature:
ARTICLE III - Register. The Limited Liability Conother business entity with	ed Agent. Registered Office, mpany cannot serve as its own than active Florida registration street address of the registered ROBERT JR BERGO 4605 CABALERRO	& Registered Agent's Registered Agent. You on.) I agent are: OLLO Name	MMEE, FLORIDA 34741 s Signature: ou must designate an individual or
ARTICLE III - Register. The Limited Liability Conother business entity with	ed Agent. Registered Office, mpany cannot serve as its own than active Florida registration street address of the registered ROBERT JR BERGO 4605 CABALERRO	& Registered Agent's Registered Agent. Yound agent are: OLLO Name	MMEE, FLORIDA 34741 s Signature: ou must designate an individual or
ARTICLE III - Register. The Limited Liability Conother business entity with	ed Agent. Registered Office, mpany cannot serve as its own than active Florida registration street address of the registered ROBERT JR BERGO 4605 CABALERRO	& Registered Agent's Registered Agent. You on.) I agent are: OLLO Name	MMEE, FLORIDA 34741 s Signature: ou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager ROBERT JR BERGOLLO AMBR 4605 CABALERRO TRL KISSIMMEE, FLORIDA 34741 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 6.1.2020 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am 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.

ROBERT JR. BERGOLLO

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)