Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000217343 3)))



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Ta:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020 Phone : (813)435-3176

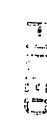
Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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EHMO	•		AUUI ESS.

FLORIDA LIMITED LIABILITY CO. Helpfulhomeheros, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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ARTICLES OF ORGANIZATION F	ORȚLORIDAL	AMITED LABILITY CON	1PANY	•	•
ARTICLE 1 - Name: The name of the Limited Liability Company is:	*	•	,	•	•
Helpfulhomeheros, LLC					
(Must contain the words "Limit	ted Liability Co	ompany, "L.L.C.," or "LI	.C.")		
ARTICLE II - Address: The mailing address and street address of the princip	al office of the	Limited Liability Compa	រោy is:		

NICK SPRADLIN

Principal Office Address:	Mailing Address:
9508 NW 67th St	9508 NW 67th St
Tamarac, Florida 33321	Tamarac, Florida 33321

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:

THE LAW OFFICE	ES OF NICK SPRADLI	N, PLLC
	Name	
2202 N. WEST SH	ORE BLVD. STE 200	
Florida street addre	ess (P.O. Box NOT acce	ptable)
TAMPA	FI.ORIDA	33607
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)

H20000217343 3

(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	"MGR" = Manager	
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing: (OPTIONAL) Strive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E. VI.: Other provisions, if any. D. ALL LAWFUL BUSINESS PURPOSES REQUIRED SIGNATURE: Signature of 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. NICKOLAS J. SPRADLIN AUTHORIZED REP. OF A MEMBER Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR	Michael Little
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