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

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BAY HOME QUALITY REPAIRS, LLC.

(Must contain the words "Limited Liabilit	y 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:
1714 COUNTRY CLUB DE . LYNN HAYEN FL. 32444	1714 COUNTRY CLUB DE
<u> </u>	LYNN HAVEN FL. 32444

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

HUGO R SANCHEZ

Name

1714 COUNTRY CLUB DR.

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

LYNN HAVEN FL 32444

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)

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

"AMBR" = Auth	orized Member		
"MGR" = Manag	iet.		
AMBR		NANCY I SANCHEZ	
		NANCY J SANCHEZ 1714 COUNTRY CLUB DR LYNN HAVEN FL. 32444	
		24NN PHIVEN FL. 32999	
			
			
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