

L 22000376460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

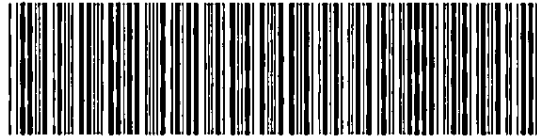
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Certified Copies \_\_\_\_\_

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Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
AUG 30 2022

900393556819  
AUG 29 2022 4:125.00

FILED  
2022 AUG 29 PM 4:18  
TALLAHASSEE, FLORIDA

FILED  
22 AUG 29 PM 3:45  
SECRETARY OF STATE  
DIVISION OF CORPORATION

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HOME ADVISOR CONSTRUCTION LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and sec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZAHAVA ARONOV  
\_\_\_\_\_  
Name of Person

ORB CPA PA  
\_\_\_\_\_  
Firm/Company

1000 S STATE RD 7  
\_\_\_\_\_  
Address

PLANTATION, FL. 33317  
\_\_\_\_\_  
City/State and Zip Code

ANGIBUILDERSLLC@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILAD ELYASHIUV      850      943-0043  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 8/29 Glinda

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** LLC \_\_\_\_\_

1. **HOME ADVISOR CONSTRUCTION LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOME ADVISOR CONSTRUCTION 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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

5116 E 122ND AVE  
TEMPLE TERRACE FL 33617

5116 E 122ND AVE  
TEMPLE TERRACE FL 33617

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:

GILAD ELYASHUV  
Name

5116 E 122ND AVE  
Florida street address (P.O. Box **NOT** acceptable)

TEMPLE TERRACE    FL    33617  
City                      State                      Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 AUG 29 PM 3:45

*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.*

*GILAD*

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

