

**L99 00000 4624**

Requestor's Name  
**John Peterson**  
Address  
**3701 Satin Leaf Ct.**  
**Delray Beach, Fl. 33445**  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #) **400002943174--5**
3. \_\_\_\_\_ (Corporation Name) (Document #) **-07/14/99-01055-008**  
**\*\*\*\*285.00 \*\*\*\*285.00**
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**L99-4624**  
**7-28**

Name	<b>OK</b>
Availability	<b>OK</b>
Document	<b>OK</b>
Examiner	<b>OK</b>
Updater	<b>OK</b>
Verifier	<b>OK</b>
Unknown	<b>OK</b>
Assessment	<b>OK</b>
P. Verifier	<b>OK</b>

**FILED**  
**99 JUL 14 PM 5:38**  
**SECRETARY OF STATE**  
**FLORIDA**  
**FF \$ 285.00**

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

*Home Team Solutions LLC*

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

*3701 Satin Leaf Court, Delray Beach, FL 33445*

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

*Perpetual*

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

*John Peterson*  
*Kris Coe*  
*Larry Stafford*  
*Mark Uittullo*  
*Moses Cleveland and Company*

*addresses same as above*

FILED  
99 JUL 16 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

*At sole discretion of the members  
by vote of majority*

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

*At sole discretion of the members  
by vote of majority*

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Home Team  
Solutions LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1200 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ — ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 50,000 .

*John Peterson*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John Peterson  
Typed or printed name of signee

FILED  
59 JUL 14 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$250.00 for Articles and Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Home Team  
Solutions, LLC

2. The name and the Florida street address of the registered agent are:

John Peterson  
NAME

3701 Satin Leaf Court  
Florida street address (P. O. Box **NOT** ACCEPTABLE)

Delray Beach FL 33445  
CITY, STATE AND 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.*

John Peterson  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL 14 PM 5:00

FILED