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.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name ; EXPERTAX

Account Number : 120200000010

: (407)777-7470

Fax Number

: (321)206-9743

**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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FLORIDA LIMITED LIABILITY CO. MCC HOME SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H210000 281443

	Division of Cor				
SUBJECT	MCC HOM	ME SOLUTIONS LLC .			
SOBOLC		Name of Lim	ited Liability Company		
The enclose	sed Articles of	Organization and fee(s) are	submitted for filing.		
Please ren	um all correspo	ondence concerning this ma	tter to the following:		
	MANUEL E	. MOYA REGNAULT			
			Name of Person	,	
		,			
	<u> </u>		Firm/Company		
	2217 SAN V	TTTORINO CIR UNIT 10	3		
	KISSIMME	5. FL 34741	Address		
		- Ci	ty/State and Zip Code		
	. E	-mail address: (to be used t	for future annual report notificati	(on)	
For further i	information cor	scerning this matter, please	call:		
	MANUEL M	OYA	2887884		202!
			ea Code Daytime Telephon	e Number	2021 JAH 2
Enclosed i	s a check for th	ne following amount:			_
□\$125.0 0) Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ostificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	PH 4: 02

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, PL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MCC HOME SOLUTIONS LLC

(Must conatin 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:

2217 SAN VITTORINO CIR UNIT 103 KISSIMMEE, FL 34741 2217 SAN VITTORINO CIR UNIT 103 KISSIMMEE, FL 34741

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:

MANUEL E. MOYA REGNAULT

Name

2217 SAN VITTORINO CIR UNIT 103

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

KISSIMMEE

FLORIDA

34741

City

State

Zíp

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 of provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

021 JEH 21 PH 4: 0

AMBR" = Manager MBR MBR MANUEL E. MOYA REGNAULT 2217 SAN VITTORING CIR UNIT 103 KISSIMMEE, FL 34741 MBR CARLOS E. HERNANDEZ CASTANO 2217 SAN VITTORING CIR UNIT 103 KISSIMMEE, FL 34741 MBR CARLOS E. HERNANDEZ CASTANO 2217 SAN VITTORING CIR UNIT 103 KISSIMMEE, FL 34741 (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.) EVI: Other provisions, if any. Signature of state in this block does not meet the applicable stanutory filing requirements, this date will no near seffective date on the Department of State's records. EVI: Other provisions, if any. REFOURED SIGNATURE: Signature of state clony as provided for in 317.1155, F.S. MANUEL E. MOYA REGNAULT Typed or printed name of signee Filling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	<u> Title:</u>	Name and Address:
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