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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Duninger Eath) Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
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Special Instructions to Filing Officer:	





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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Happy Place Home Services Name of Limited Liability Company	L.LC.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christian D. Guynn	
Name of Person	
Firm/Company	
26134 Leeward St.	
Address	
Eustis FL 32736	
Eustis FL 32736 City/State and Zip Code Cqwynn14@qmqil.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christian D. Gwyllin at (407) 252-3658 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	Filing Fee, of Status & Topy opy is enclosed)
Mailing Address Street Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Happy Place Home Services 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:
26134 Leeward St.	26134 Leeward St.
<u>Eustis</u> FL 32736	Fustis FL 32136

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:

Christian D. Gwynn Name 26134 Leeward St.

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

Eustis FL 32736
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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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a 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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)