L15000157840

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(100	cument Number)	
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SECRETARY OF STAIL SECRETARY OF CORPORATION OF CORPORATION 15 SEP -9 PM 12: 45

EFFECTIVE DATE 09/03/15

09/18/15

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	HOMEBUYS		
SOBJEC		Limited Liabili	y Company
The enclos	sed Articles of Organization and fee(s)	are submitted	or filing.
Please reti	urn all correspondence concerning this	matter to the fo	ellowing:
	David Ben Jordan		
		Name of	Person
	HOMEBUYS		
		Firm/Cor	прапу
	14391 Spring Hill Drive Suite 414		
		Addre	SS
	Spring Hill Florida 34609		
	davidbenjordan@icloud.com	City/State and	Zip Code
	E-mail address: (to be us	sed for future as	nual report notification)
For further	information concerning this matter, ple	ease call:	
	David Jordan	630	479-7000
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Siling Fee & Siling Fee, Certificate of Status & Certified Copy (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 of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
HOMEBUYS LLC			
(Must end w	rith the words "Limited	l Liability Company, '	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	ffice of the Limited L	iability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
14391 Spring Hill Dri	ve Suite 414	14391	Spring Hill Drive Suite 414
Spring Hill Florida 34			Hill Florida 34609
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an act	cannot serve as its own tive Florida registration	Registered Agent. Youn.)	's Signature: ou must designate an individual or
	David Jordan		
	20110001001	Name	···
	8486 Gallup Rd		
	Florida street addres	s (P.O. Box NOT acc	eptable)
	Spring Hill	Florida	34609
	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..

(CONTINUED)

Page 1 of 2

s Signature (REQUIRED)

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	NEW AMBR	David Jordan
		8486 Gallup Rd
		Spring Hill Florida 34609
	NACE AMBR	Point London
-	TOOK FITTING	Faith Jordan 8486 Gallup Rd
		Spring Hill Florida 34609
		Spring rith Florida 34609
_		
-		
((Use attachment if necessary)	
	(Use attachment if necessary)	
ARTICLI (If an effe the date o <u>Note:</u> If	EV: Effective date, if other than the date of extive date is listed, the date must be spec f filing.)	f filing: 9/3/2015 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after bet the applicable statutory filing requirements, this date will not be listed as a State's records.
ARTICLI (If an effe the date o <u>Note:</u> If the docum	EV: Effective date, if other than the date of extive date is listed, the date must be spec filing.) the date inserted in this block does not me	effic and cannot be more than five business days prior to or 90 days after set the applicable statutory filing requirements, this date will not be listed as
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ARTICLI (If an effe the date o Note: If the docum	E V: Effective date, if other than the date of extive date is listed, the date must be spec filing.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men This document is executed 1 am aware that any false in	ber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

Page 2 of 2

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)