

**L18000123339**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (800)345-4647  
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DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
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**FLORIDA LIMITED LIABILITY CO.  
HOMESTORY REAL ESTATE SERVICES FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**To:** **Date:** 04/19/2018 07:48:15 AM Central Time

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Name: Taylor Seay

Email: tseay@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

**Subject:**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HomeStory Real Estate Services Florida, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>612 W 4th St, Austin TX 78701</u>	<u>612 W 4th St, Austin TX 78701</u>
_____	_____
_____	_____

**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:

<u>Capitol Corporate Services, Inc.</u>		
Name		
<u>515 East Park Ave 2nd Floor</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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..*

Kim Tadlock Kim Tadlock, Asst. Sec. on behalf  
of Capitol Corporate Services, Inc.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND  
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**ARTICLE IV.**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

MGR \_\_\_\_\_

Stephen Carvelli, P.O. Box 2153, Monroe NY 10949

MGR \_\_\_\_\_

Chris Porch 612 W 4th St, Austin TX 78701

MGR \_\_\_\_\_

Jack Lynch 612 W 4th St, Austin TX 78701

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Jack Lynch

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)