

L04000068329

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(Document Number)

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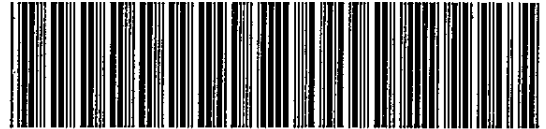
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Acknowledgement

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W. P. Verifier

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Homes 4 Jax, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Whiffen

(Name of Person)

Homes 4 Jax, LLC

(Firm/Company)

105 Sandra Rd.

(Address)

Jacksonville, FL 32211

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Whiffen

(Name of Person)

at (

904

) 381-4398

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 1, 2004

MICHAEL WHIFFEN  
HOMES 4 JAX, LLC  
105 SANDRA RD  
JACKSONVILLE, FL 32211

SUBJECT: HOMES 4 JAX, LLC  
Ref. Number: W04000033174

We have received your document for HOMES 4 JAX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 804A00053110

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Homes 4 Jax, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Homes 4 Jax, LLC

207 South Walnut St.

Starke, FL 32091

**Mailing Address:**

Homes 4 Jax, LLC

105 Sandra Rd.

Jacksonville, FL 32211

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael Whiffen

Name

105 Sandra Rd.

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

Jacksonville, FL 32211

FLORIDA

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 as provided for in Chapter 608, Florida Statutes..*

  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Michael Whiffen

207 S. Walnut St.

Starke, FL 32091

MGRM

Lisa Broward

105 Sandra Rd.

Jacksonville, FL 32211

MGRM

Lee Hughes

6855 Wilson Blvd, Suite 9

Jacksonville, FL 32210

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

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

Michael Whiffen

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)