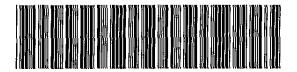
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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# TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
SUBJECT: HU	ne Mar Ket ar (Name of Limited	nel Managemen Liability Company)	1 <del>t</del>	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RG.N.A Calla	amc of Person)	The state of the s	
,	(F	'irm/Company)		-
_ 23	Westglen L	(Address)	TA ST 05	
<u>_Pa</u>	In Coast F	L 32164 State and Zip Code)	JUL 18 PM	
For further information	concerning this matter, please of	eali:	PH 2: 25 E. FLORI	
VIRGINIA CI	allahan of Person)	at ( 386 ) 586 (Area Code & Daytime To	مسال المثم السم	
Epclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ET ADDRESS:	MAILING A Registration S		

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

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Home Market and Munagement 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:

2285 East Hwy 100

138 Palm Coast PKWY NE BOX 119 Palm Coast FL 32/37

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

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

Virginia Callaban

23 Westglen Lu
Florida street address (P.O. Box NOT acceptable)

Paln Coas + FL 32/64
City, State, and Zip

Having been named as registered agent and to accept service of process for the above Rated 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, F.S.

Registered Agent's Signature

(CONTINUED)

## 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	Ruthella Ruziel 3901 Sea Faste Circle St. Augustine FL 32086	
MGRM	VERNON BUZIER. 3901 Sea Easte. Circle St. Augustine FL 32086	
MGR	Virginia Callahan 23 westslen in Palm Coast Fe 33168	- · · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
NOTE: An additional article mus	t be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Lukee	A Pur or an authorized concentative of a mounter	
Signature of a memb	per or an authorized representative of a member.	
(In accordance with so of this document consthat the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.	
T	yped or printed name of signee	Service Servic

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)