

W6000038671

St. Johns Financial Planning  
(Requestor's Name)

2744 U.S. 1 South  
(Address)

(Address)

St. Augustine, FL 32086  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

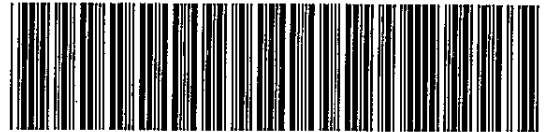
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

W6-38671  
TL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2006

ST. JOHNS FINANCIAL PLANNING  
2744 U.S. 1 SOUTH  
ST. AUGUSTINE, FL 32086

SUBJECT: HOME INVESTMENT MANAGEMENT, LLC  
Ref. Number: W06000016221

We have received your document for HOME INVESTMENT MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 006A00023040

ST. JOHNS FINANCIAL PLANNING  
2744 U.S. 1 SOUTH  
ST. AUGUSTINE, FL 32086

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Home Investment Management, LLC

**ARTICLE II - Address:**

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

2744 US 1 SOUTH, ST. AUGUSTINE, FLORIDA 32086.

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

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

Cheryl Horn

Name

104 11th Street A

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

St. Augustine FLORIDA [32080]  
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, F.S.*

Cheryl Horn

Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Cheryl Horn  
Signature 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.)

Cheryl Horn, Authorized Representative  
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)

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