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SECRETARY OF STATE
DIVISION OF CORPORATION

× 04/22/15

COVER LETTER

	tration Section on of Corporations
SUBJECT: _	Home Stead Nojo, LLC, Name of Limited Bability Company
The enclosed A	articles of Organization and fee(s) are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
	JOEL M GAULKIN, ESq. Name of Person
	JOEZ M GAULKIN, ESq PA Firm/Company
	9130 S. DADELAND BLVD STE 1504 Address
_	MiAmi FL 33156 City/State and Zip Code
	CORPORATE DEFENDERS @ G-MAIL - COM E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
JOEL M	Name of Person V Area Code Daytime Telephone Number
Enclosed is a cl	heck for the following amount:
\$125.00 Filing	Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Homestead Nojo, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2300 Bayview Lane Miami, FL 33181

Mailing Address:

2300 Bayview Lane Miami, FL 33181

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

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

Joel M. Gaulkin, Esq. Two Datran Center 9130 South Dadeland Blvd. Suite 1504 Miami, FL 33156

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.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

MGR

Lawrence J. Denmark 2300 Bayview Lane Miami, FL 33181

ARTICLE V- Business Purpose:

The business purpose is any and all lawful business.

Signature of a member or authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes and affirmation under penalties of perjury that the facts stated herein are true. 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.

LAWRENCE J. DENMARK
Type or printed name of signee

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