

L15006098874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

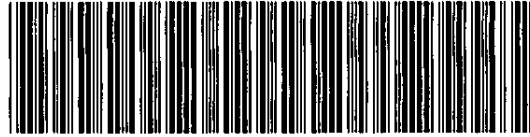
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 9 15 18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homes By Mears L.L.C.
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:

Nathan Mears
Name of Person

Firm/Company

3612 Monmouth Court
Address

Tallahassee, Florida 32308
City/State and Zip Code

npmears@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan Mears at (850) 321-7292
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Homes By Mears, L.L.C.
(Must end with 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:

Principal Office Address:
3612 Monmouth Court
Tallahassee, Florida
32308

Mailing Address:
3612 Monmouth Court
Tallahassee, Florida
32308

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:
Nathan Mears

Name
3612 Monmouth Court
Florida street address (P.O. Box NOT acceptable)
Tallahassee Florida 32308
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 provided for in Chapter 605, F.S.

Nathan Mears
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 JUN -4 PM 2:03
STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Name and Address:

Title:

"AMBR" = Authorized Member
"MGR" = Manager

MGR

Nathan Mears
3612 Monmouth Court
Tallahassee, Florida 32308

MGR

Sharon Mears
4550 Hedgewood Drive
Tallahassee, Florida 32309

AMBR

Norm Mears
4550 Hedgewood Drive
Tallahassee, Florida 32309

(Use attachment if necessary)

(OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: _____
(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.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the 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.)

Nathan Mears

Typed or printed name of signer