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COVER LETTER "

TO:	Registration Section Division of Corporations						
SUBJE	JosieHomes, LLC						
SOUTE	Name of	Limited Liability C	ompany		•		
The enc	closed Articles of Organization and fee(s)	are submitted for t	iling.				
Please r	eturn all correspondence concerning this	matter to the follow	wing:				
	Josie Cline		•				
		Name of Pers	оп			_	
	JosieHomes, LLC						
		Firm/Compa	ny			_	
	2515 Nassau St						
		Address					
	Sarasota, FL 34231						
	josiehomesFL@gmail.com	City/State and Zi	o Code				
	E-mail address: (to be u	sed for future annu-	al report notificatio	n)		_	
For furth	er information concerning this matter, pl	ease call;					
	Josie Cline	941 26	66-6661				
	Name of Person		Paytime Telephone	Number	-		
Enclose	ed is a check for the following amount:						
\$125.0	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified C		\$160.00 F Certificate Certified (additional c	of Status Copy	s &) .
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Nev Div Clif 266	eet Address v Filing Section ision of Corporatio ion Building 1 Executive Center lahassee, FL 32301			16 NAY 16 PH 4: 26	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAY 16 PH 4: 26

JosieHomes, LLC

(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:

2515 Nassau St	2515 Nassau St
Sarasota, FL 34231	Sarasota, FL 34231
	<u> </u>

Mailing Address:

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:

Principal Office Address:

Josie Cline		
	Name	
2515 Nassau St		
Florida street addres	ss (P.O. Box NOT ac	cceptable)
Sarasota	FL	34242
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 registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	
MGR	Josie Cline
	2515 Nassau St
	Sarasota, FL 34242
_	
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fective date is listed, the date roof filing.) If the date inserted in this block iment's effective date on the Down LE VI: Other provisions, if any.	
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block iment's effective date on the Delevite Country of the provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block iment's effective date on the Delevite Country of the provisions, if any.	does not meet the applicable statutory filing requirements, this date will no partment of State's records.
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