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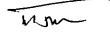


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOMAN INDUSTRIES LLC 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:
CURTISS STEVEN HOMAN Name of Person
Firm/Company
4155 SOUTHWELL WAY
Address Address
SARASOTA, FL 34241 City/State and Zip Code
CURTHOMAN @ GMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CURTISS HOMAN at (941) 730 - 3114 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing 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:	:				
HOMAN I (Must end with the words	NDUSTRI		C.")	-	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Lin	mited Liability Compan	y is:		
Principal Office Add	ress:	<u>Mailin</u>	g Address:		
4155 SOUTHWEL SARASOTA, FL 342		4155 SOUT SARASOTA F	HWELL WAY	, - -	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida in	as its own Registered Ag		e an individual or		
The name and the Florida street address of the	registered agent are:				
_ <u>Cu</u>	RTISS STE	VEN HOMAN			
415	55 SOUTHWE	LL WAY			
Florida stre	et address (P.O. Box N				
SAG	PASOTA FL	34241			
C	City State	Zip			
Having been named as registered agent and to ac place designated in this certificate, I hereby accep further agree to comply with the provisions of all am familiar with and accept the obligations of my	ot the appointment as reg statutes relating to the p	gistered agent and agree roper and complete per	e to act in this capacity formance of my duties,	7. I	ı
	Registered Agent's S	ignature (REQUIRED)		5	SEC
	(CONTINU	(ED)		AU6 29	
	Page 1 of	72		PH 10: 39	SIAIE

AMBR" = Authorized Member AGR" = Manager AMBR CURTISS HOMAN 4155 SOUTHWELL WAY SARASOTA, FL 3424	
AMBR CURITOS HOMAN 4155 SOUTHWELL WAY	
4155 SOUTHWELL WAY	
SARASOTA, FL 3424	11
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ive date is listed, the date must be specific and cannot be more than five business days filing.) e date inserted in this block does not meet the applicable statutory filing requirements, the statutory date on the Department of State's records.	
filing.)	
filling.) e date inserted in this block does not meet the applicable statutory filing requirements, them's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE:	this date will n
filling.) e date inserted in this block does not meet the applicable statutory filing requirements, them's effective date on the Department of State's records. VI: Other provisions, if any.	this date will n
EQUIRED SIGNATURE: Signature of a member or an authorized representative of a mem This document is executed in accordance with section 605.0203 (1) (b), FI I am aware that any false information submitted in a document to the Depa constitutes a third degree felony as provided for in s.817.155, F.S.	ember. Florida Statutes
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ARTICLE IV-