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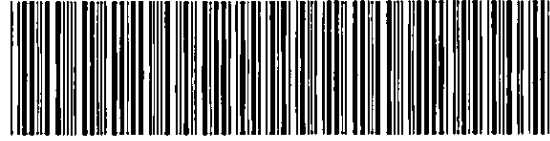
(Business Entity Name)

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DATE: 2/18/19

NAME: HOME GALLERY & STUDIOS LLC

TYPE OF FILING: ARTICLES

COST: 155.00 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: ECA000000045

AUTHORIZATION: ABBIE PAUL HODGE

**ARTICLES OF ORGANIZATION
OF
HOME GALLERY & STUDIOS, LLC**

ARTICLE I – NAME

The name of the limited liability company is HOME GALLERY & STUDIOS, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
145 HOME STREET
JACKSONVILLE, FLORIDA 32207

Mailing Address:
1961 UNIVERSITY BLVD., S.
JACKSONVILLE, FLORIDA 32216

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

SIMON D. ROTHSTEIN
4417 BEACH BLVD., SUITE 104
JACKSONVILLE, FLORIDA 32207

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.


SIMON D. ROTHSTEIN

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Name and Address:

April D. Collum
1961 UNIVERSITY BLVD. S
JACKSONVILLE, FLORIDA 32216

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

SIMON D. ROTHSTEIN, ESQ.

Typed or printed name of signee

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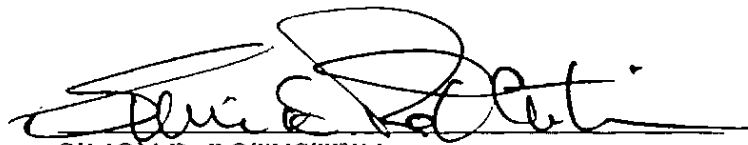
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY April D. Collum, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is April D. Collum.

2. The name and the Florida street address of the registered agent and office are:
SIMON D. ROTHSTEIN
4417 BEACH BLVD., SUITE 104, JACKSONVILLE, FLORIDA 32207 (Post office box is NOT acceptable.)

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, Florida Statutes.



SIMON D. ROTHSTEIN
Registered Agent

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