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(Business Entity Name)

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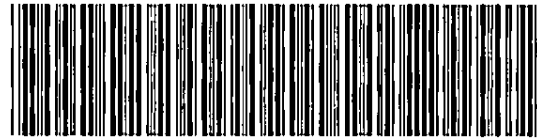
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OCT 31 2019



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2019 OCT 16 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HOMESTEAD TINY ENTERPRISES, 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:

Lisa M. Gable, Attorney at Law

Name of Person

Robertson & Gable, LLC

Firm/Company

5875 Peachtree Industrial Blvd., Suite 170

Address

Peachtree Corners, GA 30092

City/State and Zip Code

info@rglegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marta Tokaji, Paralegal

770

736-5182

at ()

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)

Mailing Address

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

Street Address

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:

HOMESTEAD TINY ENTERPRISES, LLC

(Must contain 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:

11809 Camp Drive
Dunnellon, FL 34432

Mailing Address:

11809 Camp Drive
Dunnellon, FL 34432

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:

Matt Crandell

Name

11809 Camp Drive

Florida street address (P.O. Box **NOT** acceptable)

Dunnellon

FL

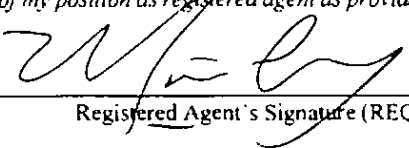
34432

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2019 OCT 16 PM 12:01
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STATE
TALLAHASSEE, FL 32399

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Matt Crandell
103 Hunting Valley Trail
Cumming, GA 30040

AMBR

Guido Jessen
19806 Birmingham Hwy
Alpharetta, GA 30004

AMBR

Kevin West
775 Sienna Drive
Cumming, GA 30040

AMBR

Chase Crandell
1310 Natchez Trace
Sandy Springs, GA 30350

(Use attachment if necessary)

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

(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.

Management of the company is vested in its Members.

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.

Matt Crandell, Member

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA
DEPARTMENT OF STATE
FALL AHEAD

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Attachment to Articles of Organization for HOMESTEAD TINY ENTERPRISES, LLC

ARTICLE IV - Continued

AMBR Lauritz Johnn Adriansen
 840 Stonehaven Lane
 Alpharetta, GA 30005

AMBR Andrew Tanner
 8965 Brockham Way
 Johns Creek, GA 30022

AMBR Stuart L. McCreary
 156 Nocatee Trail
 Woodstock, GA 30188

AMBR Susan Fearon
 51 Ginger Lane
 Ellijay, GA 30536

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2019 OCT 16 PM 12:01
CLERK OF SUPERIOR COURT
JULIA HASSELTINE