

12/4/2020

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE PERMENTER LAW FIRM, P.A.
Account Number : I20200000193
Phone : (352)622-1811
Fax Number : (352)622-1866

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tommy@permenterlaw.com

FLORIDA LIMITED LIABILITY CO.

Homan Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00



December 7, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE PERMENTER LAW FIRM, P.A.

SUBJECT: HOMAN PROPERTIES, LLC
REF: W20000138288

We have received your document for HOMAN PROPERTIES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist II

FAX Aud. #: H20000415216
Letter Number: 720A00024431

FILED
20 DEC -8 PM 7:01
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME:

The name of the Limited Liability Company is:

HOMAN PROPERTIES, 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:

1280 N.E. 95th Street
Ocala, Florida 34479

Mailing Address:

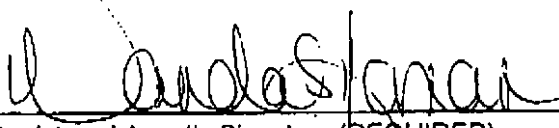
P.O. Box 249
Anthony, Florida 32617

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

WANDA S. HOMAN
1280 N.E. 95th Street
Ocala, Florida 34479

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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TALLAHASSEE, FLORIDA

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ARTICLE IV –

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGR

J. SCOTT HOMAN

P.O. Box 249

Anthony, Florida 32617MGR

WANDA S. HOMAN

P.O. Box 249

Anthony, Florida 32617

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

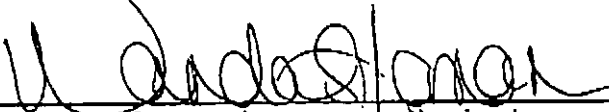
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

These Articles of Organization may be amended from time to time by consent of the members holding a majority of the voting interests of the Limited Liability Company, or otherwise in the manner now or hereafter prescribed in the Limited Liability Company's Operating Agreement, consistent with the laws of the State of Florida.

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.

WANDA S. HOMAN

Typed or printed name of signee

2020-12-08 PM 7:01
FILED
TALLAHASSEE, FLORIDA

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