

L21000510538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

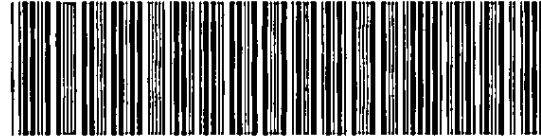
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Home Tone, 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:

Omar Hart
Name of Person

Home Tone, LLC
Firm/Company

29 North Street
Address

Mary Esther, FL 32569
City/State and Zip Code

ihometone@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omar Hart at (850) 368-1427
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

November 22, 2021

To Whom It May Concern,

My name is Omar Hart and I am the MGR for Home Tone, LLC. This letter is stating that I would like to release the name Home Tone, LLC from the previously filed document #L18000268416.

We would like the name, Home Tone, LLC, to be used for the new filing application attached to this letter and assigned to a new document number.

Respectfully,

Omar Hart

Omar Hart

STATE OF FLORIDA

COUNTY OF Okaloosa

The foregoing instrument was acknowledged before me by means of X physical presence or _____
online notarization, this 22nd day of November, 2021, by Omar Hart.



(notary seal)

Danielle Bennett
Signature of Notary Public

Danielle Bennett
Printed name of Notary Public

Personally known: X

Or Produced Identification: _____, Identification produced: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Home Tone, 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:

29 North Street

Mary Esther, FL 32569

Mailing Address:

29 North Street

Mary Esther, FL 32569

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:

Omar Hart

Name

29 North Street

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

Mary Esther,

FL

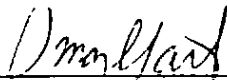
32569

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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CLERK OF DISTRICT COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Omar Hart

29 North St. Mary Esther, FL 32569

AR

Kristy Hart

29 North St. Mary Esther, FL 32569

(Use attachment if necessary)

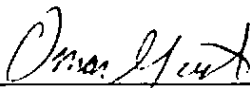
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Omar Hart

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)

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