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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

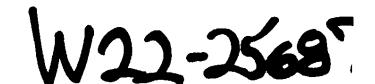


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SECRETARY OF STATE

D. O'KEEFE MAR - 2 2022



COVER LETTER .
TO: New Filing Section Division of Corporations
SUBJECT: Julian Home Sales, PLLC 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:
Brian Julian Name of Person
Firm/Company
2101 Wood Hollow Way
Sarasota, FL 34235 City/State and Zip Code
Sarasota, FL 34235 City/State and Zip Code bjulianfl@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian Julian at (7/6) 969-2603 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

Purpose: Practicing Real Estate

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Julian	Home	Sales	PLLC	
			"L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street addres	s of the principal of	fice of the Limited	Liability Company is:	

Mailing Address:
rasota, FL 34235

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brian Julian

Name

2101 Wood Hollow Way

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

Sarasota, FL 34235

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..

Brian Julian
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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

Title:	Name and Address:
"AMBR" = Authorized "MGR" = Manager	1ember
AMBR	Quina Tiliaa
MINUN	Brian Julian 2101 Wood Hollow Way
	Safasota, FL 34235
<u> AMBR</u>	Krista Julian
	Sarasota: FL 34235
	<u> </u>
(Use attachment if nece	ary)
	block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.
RTICLE VI: Other provisions,	any. Radice real estate
REQUIRED SIGNAT	RE:
7	rian Julian
	nature of a member or an authorized representative of a member.
This do	ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	re that any false information submitted in a document to the Department of State
constitu	es a third degree felony as provided for in s.817.155, F.S.
-	Brian Julian Typed or printed name of signee
	Filing Fees: Articles of Organization and Designation of Registered Agent y (Optional)
	Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Co	v (Ontional)