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Division Corporations

Florida Department of State  
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(((H22000181795 3)))



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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

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Email Address: tommy@permenterlaw.com

## FLORIDA LIMITED LIABILITY CO.

## Homan Properties Sunset, LLC

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

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DIVISION OF STATE

**H22000181795 3****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**

The name of the Limited Liability Company is:

**HOMAN PROPERTIES SUNSET, LLC****ARTICLE II – Address:**

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

**Principal Office Address:****10800 N.E. 52<sup>nd</sup> Court  
Anthony, Florida 32617****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  
10800 N.E. 52<sup>nd</sup> Court  
Anthony, Florida 32617**

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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**H22000181795 3****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 32617**

**MGR**

**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

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DEPARTMENT OF STATE

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