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Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)617-6381

From:
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Account Number : 120010000166
Phone : (561)799-6577
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COMMERCIAL SERVICE

FLORIDA LIMITED LIABILITY CO.
Homeyer 205, LLC

Certificate of Status	0
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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION
OF
HOMEYER 205, LLC

ARTICLE I - NAME

The name of the limited liability company is HOMEYER 205, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
6941 Cypress Cove Circle
Jupiter, Florida 33458

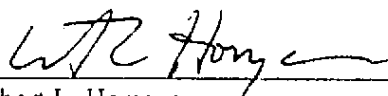
Mailing Address:
6941 Cypress Cove Circle
Jupiter, Florida 33458

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Robert L. Homeyer
6941 Cypress Cove Circle
Jupiter, Florida 33458

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.



Robert L. Homeyer

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Robert L. Homeyer
6941 Cypress Cove Circle
Jupiter, Florida 33458

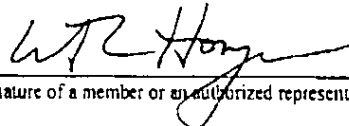
ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be the date of filing.

ARTICLE VI - PURPOSE

The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in 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.

Robert L. Homeyer

Typed or printed name of signee

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