

U240000 69543

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(Business Entity Name)

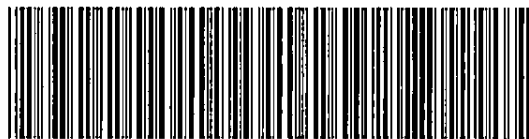
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HOMETOBY, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
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- ___ Corp Record Search _____
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Signature

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Name

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**ARTICLES OF ORGANIZATION
OF
HOMETOBY, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 605, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is **HOMETOBY, LLC**.

ARTICLE II

This limited liability company shall have perpetual existence from the effective date of filing these Articles with the Department of State unless sooner terminated as provided in the Operating Agreement.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is **8533 Native Dancer Road North, Palm Beach Gardens, FL 33418**. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is **LIRIM JACOBI, 8533 Native Dancer Road North, Palm Beach Gardens, FL 33418**.

ARTICLE V

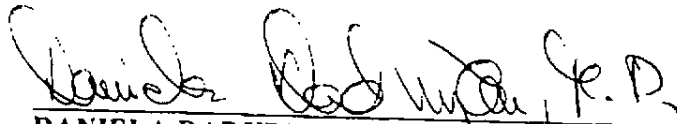
The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company. The initial managers shall be:

**DANIELA DADURIAN, M.D.
8533 Native Dancer Road North
Palm Beach Gardens, FL 33418**

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager(s).

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 11th day of April, 2024.


DANIELA DADURIAN, M.D., Manager

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 Section 817.155, Florida Statutes.

**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

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 relative 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, Florida Statute.

By: 

Printed Name: LIRIM JACOBI

Date: April 11, 2024

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TALLAHASSEE
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