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T. HAMPTON
JUN 1 7 2011



COVER LETTER

	ration Section on of Corporations	
SUBJECT: _		n Investments, LLC me of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.
Please return al	l correspondence concerning this ma	atter to the following:
		Jerry Saresky Name of Person
		Name of Person
		The Andersen Firm
		Firm/Company
	302	0 NE 32nd Ave. Suite 302
		Address
* 6 W	· F	t. Lauderdale, FL 33308
		City/State and Zip Code
		jsaresky@taflaw.com
	E-mail address: (1	to be used for future annual report notification)
For further info	rmation concerning this matter, plea	se call:
		000 0000
	Jerry Saresky Name of Person	at (866)230-2206 Area Code & Daytime Telephone Number
	•	Med code & Daytime Pelephone Pulifice
	ING ADDRESS: on of Corporations	STREET ADDRESS: Division of Corporations
	ration Section	Registration Section
	ox 6327	Clifton Building
Tallaha	issee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amou	nt:
✓ \$125	5.00 Filing Fee \$130.00 Filing. Certificate of	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	' REGISTER A FOF	<i>REIGI</i>
1.	Homan Investments, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	or "(C ")	
	(Name of Poreign Limited Liability Company, must include Limited Liability Company, L.L.C.,	or LLC.)	
ÇOI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and at insent of the managers or managing members adopting the alternate name. The alternate name must include impany," "L.L.C," "LLC.")		
2.	Wyoming 3. 45-1956134 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicab		
Ī	company is organized)		
4.	April 22, 2011 5. Perpetual (Date of Organization) (Duration: Year limited liability comp		
	(Date of Organization) (Duration: Year limited liability compexist or "perpetual")	any will cease to	ا تعاد
6.		= 0	300
υ.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	JUN 16	器写
7.	2900 W. Villa Rosa Park		F.CO.
	Tampa, FL 33611	7	CORPORATIONS
	(Street Address of Principal Office)	- - 6	3
8.	If limited liability company is a manager-managed company, check here	9	SNO
9.	The name and usual business addresses of the managing members or managers are as f	ollows:	
	JAMES R. HOMAN JUDITH A. HOMAN		
	2900 W. Villa Rosa Park 2900 W. Villa Rosa Park	<u> </u>	
	Tampa, FL 33611 Tampa, FL 33611		
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a formulation of the certificate under oath of the translator must be submitted.)	•	rds in
11	. Nature of business or purposes to be conducted or promoted in Florida:		
	Any and all lawful business	·	
	Solus		
	Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
	Jerry Saresky, Organizer		
	Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Homan Investments, LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name a	nd the Florida street address of the registered agent and office are:			
	Jerry Saresky (Name)			
	3020 NE 32nd Ave. Suite 302 Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Ft. Lauderdale FL 33308			

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

JIVISION OF CORPORATION

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 22, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000600406**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of June, 2011 at 9:39 AM. This certificate is assigned 010148924.



Max Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.