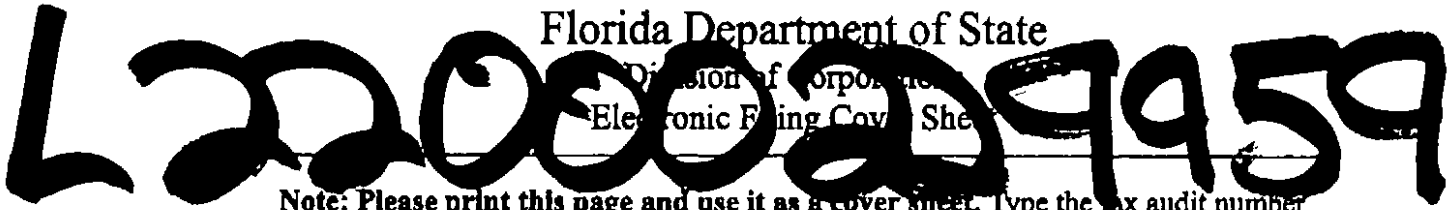


5/23/22, 8:02 AM

Division of Corporations



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((H22000181788 3)))



H220001817883ABC4

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

From:
 Account Name : THE PERMENTER LAW FIRM, P.A.
 Account Number : 120200000193
 Phone : (352)622-1811
 Fax Number : (352)622-1866

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tommy@permenterlaw.com

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 CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.

Homan Properties Jax, LLC

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Job No.: 043207

Total Time: 0*01'32"

Page: 003

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Florida Department of State
Division of Corporations
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Fax Number : (818)627-4284

From:
Account Name : THE PERMENTER LAW FIRM, P.A.
Account Number : T2628089183
Phone : (813)433-1821
Fax Number : (352)622-1866

****Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.****
Email Address: tony@permenterlaw.com

FLORIDA LIMITED LIABILITY CO.
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Certificate of Status	0
Certified Copy	0
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 TALLAHASSEE, FLORIDA

No.	Date/Time	Destination	Times	Type	Result	Resolution/ECM
001	05/23/22 08:59	18508176381	0*01'32"	FAX	OK	200x100 Normal/Off

H22000181788 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

HOMAN PROPERTIES JAX, 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. 52nd 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. 52nd 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 607, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2022 MAR 26 PM 19 19
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DUVAL COUNTY, FLORIDA

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H22000181788 3

H22000181788 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

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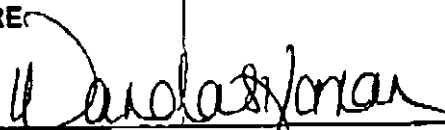
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

H22000181788 3