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01/09/2025

DATE:

NAME: GU JIA HOME INVESTMENTS LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ew Filing Section vivision of Corporations		
CHDICO	Gu Jia Home Investments LLC		
SUBJECT	Name of Limited Liability Company		
The enclos	sed Articles of Organization and fee(s) are submitted for filing.		
Please retu	orn all correspondence concerning this matter to the following:		
	Ying Gu		202
	Name of Person		۲ <u>۰</u>
	Gu Jia Home Investments LLC		71:6 NY 6-NV1 9:17
	Firm/Company		
	3601 MANATEE DR. SE	끈절	. 1 :6
	Address		7
	ST. PETERSBURG, FL 33705		
	City/State and Zip Code		-
	yinggu353@gmail.com E-mail address: (to be used for future annual report notification)		-
	·		
For further i	nformation concerning this matter, please call:		
	Kyle A. Delgado, Esq. 727 417-4678		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is	s a check for the following amount:		
≣\$125.00	Certificate of Status Certified Copy Certifi (additional copy is enclosed) Certifi	0.00 Filing Fee icate of Status & ed Copy nal copy is enclo	ž.
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 81Tallahassee, FL 32314Tallahassee, FL 32303	0	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan

The name of the Limited Liability Company is:

Gu Jia Home Investments LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Princip	pal Office Address:		Mailing Address	:	2025
<u>3</u> 601 MANATEE D	R. SE	36	01 MANATEE DR. SE	٠.	
ST. PETERSBURG	, FL 33705	<u>S1</u>	. PETERSBURG, FL 33705		His.
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own R active Florida registration.	egistered Agent)		dual or:	M 9: 47
		Name			
	3601 MANATEE DR. Florida street address (acceptable)		
	ST. PETERSBURG	FL	33705		
	City	State	Zip		

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)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager _AMBR	Ying Gu 3601 MANATEE DR. SE ST. PETERSBURG, FL 33705	
	<u> </u>	
alle make all	-9 AM	
(Use attachment if necessary)		į
FICLE V: Effective date, if other than the date of filing.) te: If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be	
FICLE V: Effective date, if other than the dan effective date is listed, the date must be date of filing.)	specific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be	
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FICLE V: Effective date, if other than the dan effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Department of a signature of a This document is exert am aware that any file.	specific and cannot be more than five business days prior to ar 90-days at meet the applicable statutory filing requirements, this date will not be not of State's records. member or an authorized representative of a member, cuted in accordance with section 605,0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State	

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