

L10000098523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000185420010

09/20/10--01010--020 \*\*125.00

FILED  
10 SEP 20 AM 5:22  
TALLAHASSEE FLORIDA

S. HAWKES

SEP 21 2010  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ORLANDO BEST RENTAL HOMES, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK A. FREEMAN  
Name of Person  
LORE ENTERPRISES, LLC  
Firm/Company  
4548 CHALFONT DR  
Address  
ORLANDO, FL 32837  
City/State and Zip Code  
MARK@LOREFINANCIAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK A. FREEMAN at ( 407 ) 230-5146  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORLANDO BEST RENTAL HOMES LLC

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

FILED  
SEP 20 AM 5:22  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

ARTICLE II - Address:

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

Principal Office Address:

10195 BRODBEWATER CIR  
ST. PAUL, MN 55129

Mailing Address:

4548 CHALFONT DR  
ORLANDO, FL 32837

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARK A. FREEMAN

Name

4548 CHALFONT DR

Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32837

City, State, and 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 608, F.S.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

FRANK B. LEE  
10195 BRIDGEWATER CIRCLE  
ST. PAUL, MN 55129

MEMBER

FLOISA LEE  
10195 BRIDGEWATER CIRCLE  
ST. PAUL, MN 55129

FILED  
10 SEP 20 AM 5: 21  
CLERK OF STATE  
TALLAHASSEE FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/15/2010 (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.)

**REQUIRED SIGNATURE:**

X 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANK B. LEE

Typed or printed name of signee

**Filing Fees:**

- \$125.00** Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)