

L11000014963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

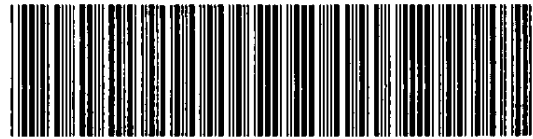
(Business Entity Name)

(Document Number)

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T. CLINE
FEB - 4 2011
EXAMINER

2011 FEB - 3 PM 12: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 4 11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALMAR REAL ESTATE SERVICES 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:

CRAIG ORANCHAK
Name of Person

SALMAR REAL ESTATE SERVICES LLC
Firm/Company

18340 102ND WAY S
Address

BOCA RATON, FL 33498
City/State and Zip Code

CRAIGONJ@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG ORANCHAK at (561) 756-3961
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

2011 FEB -3 PM 12:39
 SECRETARY OF STATE
 TALLAHASSEE, FL 32301
 FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SALMAR REAL ESTATE SERVICES LLC
(Must end with 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:

Principal Office Address:

Mailing Address:

SALMAR REAL ESTATE SERVICES LLC
18340 102ND WAY S
BOCA RATON, FL 33498

SALMAR REAL ESTATE SERVICES LLC
18340 102ND WAY S
BOCA RATON, FL 33498

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:

CRAIG ORANCHAK
Name

18340 102ND WAY SOUTH
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33498
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..


Registered Agent's Signature (REQUIRED)

2011 FEB -3 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

011 2011

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:

MGR _____

CRAIG ORANCHAK
18340 102ND WAY SOUTH
BOCA RATON, FL 33498

MGR _____

JAMES CARLSON
8610 OLD TOWNE WAY
BOCA RATON, FL 33433

(Use attachment if necessary)

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.)

REQUIRED SIGNATURE:


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. 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.)

CRAIG ORANCHAK _____

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)

2011 FEB -3 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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