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COVER LETTER

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	legistration Section Division of Corporations
SUBJECT	r: Dorothy Kelley's Real Estate Services, L
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	Dorothy Kelley Name of Person
	Firm/Company
	18 S Thornton Ave
	ORL FL 32801 City/State and Zip Code
	City/State and Zip Code dottie _ Kelley @ me. Com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125.00 F	Siling Fee \$\int \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \int \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \int \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Dorothy Kelley's Real Estate Services (LC

(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:
18 S. Thurnton Ale	_18_S. Thornton Ave
Orlando PL 32801	Orleady, FL. 32801

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:

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

Orlado, fl 32801

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)

Page 1 of 2

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Dorothy Kelley 1915 Monard Ave Orlina F1 32801
 	
	
(Use attachment if necessary)	
 in effective date is listed, the date must be specific adate of filing.) ie: If the date inserted in this block does not meet the 	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days a ne applicable statutory filing requirements, this date will not be list
document's effective date on the Department of Stat	te's records.
TICLE VI: Other provisions, if any.	•

REQUIRED SIGNATURE:

Signature of a member of 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.

Typed of printed name of fignee

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)

as