

# LO2000007747

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Area Real Estate Appraisal  
Services LLC

200005181272--3

-04/02/02--01006--006

\*\*\*\*155.00 \*\*\*\*155.00

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TALLAHASSEE, FLORIDA

☐ Art of Inc. File  
☐ LTD Partnership File  
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☐ Fictitious Name File  
☐ Trade/Service Mark  
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☐ Art. of Amend. File  
☐ RA Resignation  
☐ Dissolution / Withdrawal  
☐ Annual Report / Reinstatement  
☒ Cert. Copy  
☐ Photo Copy  
☐ Certificate of Good Standing  
☐ Certificate of Status  
☐ Certificate of Fictitious Name  
☐ Corp Record Search  
☐ Officer Search  
☐ Fictitious Search  
☐ Fictitious Owner Search  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I – Name:** Area Real Estate Appraisal Services, L.L.C.

**ARTICLE II – Address:** 5319 Ray Drive  
Weeki Wachee, Florida 34607

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's**

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

Mark Anthony Grant

Name

5319 Ray Drive

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

Weeki Wachee, FL 34607

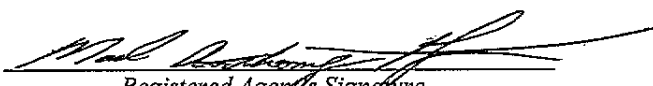
City, State, and Zip

*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..*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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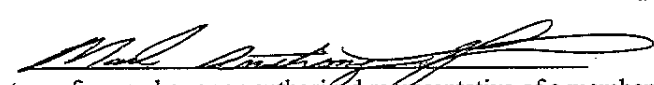
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Registered Agent's Signature

**ARTICLE IV Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager – managed company.

(An additional article must be added if an effective date is requested)

  
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 as affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Anthony Grant

Typed or printed name of signee