

LD3000004465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

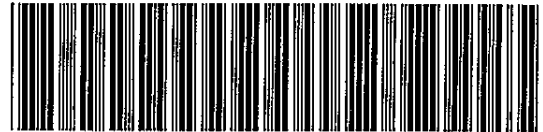
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

DB
2-6-03

ALLIANCE PERSONAL SERVICES, INC.
600 N. THACKER AVE.
SUITE A-12
KISSIMMEE, FL 34741
PHONE: 407-944-3900 / FAX: 407-944-3901

February 3, 2003

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: BEST REAL ESTATE SOLUTIONS, L.L.C.

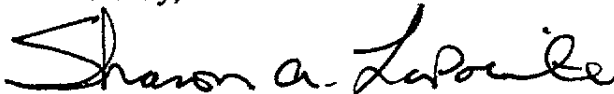
Dear Customer Service:

Enclosed please find the original and one copy of the Articles of Organization on the above mentioned for profit-corporation and a check that represents your fees.

Your filing, approval and return of a certified copy of the Articles back to my office at the address listed above would be greatly appreciated. Should there be any problems with the filing, or the Articles itself, please feel free to contact me at the number listed above so that I may make any necessary changes.

Thank you for your cooperation in this matter.

Sincerely,



Sharon A. LaPointe
Paralegal

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is: Best Real Estate Solutions, L.L.C.

ARTICLE II – Address:

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

600 N. Thacker Ave., Suite D42, Kissimmee, Florida 34741

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

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

Sharon A. LaPointe

Name

600 N. Thacker Ave., Suite D42

Florida street address

Kissimmee, Florida 34741

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

John W. Mortland
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)