

# L03 0000 21965

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(City/State/Zip/Phone #)

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06/09/03--01056--006 \*\*125.00

06/09/03--01107--012 \*\*35.00

FILED  
03 JUN 17 PM 3:04  
CLERK OF COURT  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 12, 2003

ERIC SCHMIDT  
3401 SW 195TH AVE.  
MIRAMAR, FL 33029

SUBJECT: RE PROPETIES, LLC  
Ref. Number: W03000016930

FILED  
03 JUN 17 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RE PROPETIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

*The registered agent must sign accepting the designation.*

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 903A00036582

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
RE Properties, LLC

### ARTICLE II - Address:

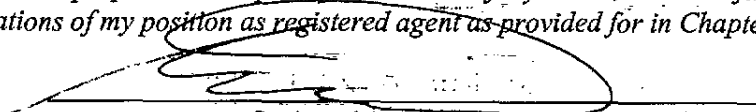
The mailing address and street address of the principal office of the Limited Liability Company is:  
3401 SW 195th Ave. Miramar, FL 33029

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

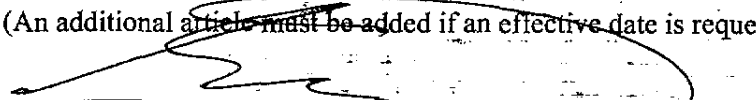
The name and the Florida street address of the registered agent are:

Eric Schmidt  
\_\_\_\_\_  
Name  
3401 SW 195th Ave.  
\_\_\_\_\_  
Florida street address (P.O. Box **NOT** acceptable)  
Miramar FL 33029  
\_\_\_\_\_  
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

(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.)

Eric Schmidt

\_\_\_\_\_  
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)

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