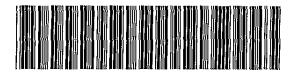
# L03000024015

			_
(Re	equestor's Name)		
(Ac	ldress)		_
•	•		
		<del></del>	_
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	· #)	_
PICK-UP	☐ WAIT	MAIL	
		···	
(Bt	isiness Entity Nam	ie)	
(Do	cument Number)		-
Certified Copies	Certificates	of Status	
	_		-
			_
Special Instructions to	Filing Officer:		l
			1
			l
			l
			l
			1

Office Use Only



500020579205

06/25/03--01063--002 \*\*155.00

FILED
2003 JUN 23 PM 4: 05
2003 JUN 23 PM 4: 05

#### **MICHAEL ROSEN**

2800 S.W. 35th Place #1505C Gainesville, FL 32608

June 24, 2003

TO WHOM IT MAY CONCERN:

PLEASE FIND ENCLOSED A COPY OF THE ARTICLES OF ORGANIZATION AND A CHECK FOR \$155.00. PLEASE SEND US THE CERTIFIED COPY AT YOUR EARLIEST CONVENIENCE.

SINCERELY,

MICHAEL ROSEN

hugerosen@aol.com

FILED WW. 05 2003 JUN 23 PM 4: 05 2003 JUN 23 PM 4: 05

Telephone: (352)514-9432

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	<del>-</del> -	
SUBJECT: MR. Reality, LLC		
(Name of Limited 1	Liability Company)	
The enclosed Articles of Organization and fee(s) Please return all correspondence concerning this		
Michael Rosen	دسیصد.	
(Name of Person)	3	
MR. Reality, LLC	TASSOCIAL SOCIAL	
(Firm/Company)	mag 3	
2000 CM 25th Dioco #45050		
2800 SW 35th Place #1505C (Address)		
(Tableboy		
Gainesville, FL 32608		
(City/State and Zip Code)	•	
For further information concerning this matter, p	lease call:	
Michael Rosen at a	954 ) 514-9432	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Addr	ess:		Mailing Address:	
2800 SW 35th Place #15	505C	- -	SAME	
Gainesville, FL 32608		<del>-</del>		
ARTICLE III - Regist	tered Agent, Regi	istered Office	, & Registered Agent's Signa	iture:
The name and the Flori	da street address o	of the registere	ed agent are:	
M	lichael Rosen			E
_ <del>_</del>	Name			E. 23
28	2800 SW 35th Place #1505C  Florida street address (P.O. Box N		c	\$69 4
			ox NOT acceptable)	
_Ga	ainesville	FL 3	2608	95
	City	, State, and Zip		25
liability company at the	e place designated gree to act in this c	in this certific capacity. I furt	ervice of process for the above s nte, I hereby accept the appoint her agree to comply with the pr e of my duties, and I am familia	ment as ovisions of all

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:	
"MGR" = Ma $"MGRM" = N$	nager Managing Member		
MGR		Michael Rosen	
		2800 SW 35th Place #1505C	<b>.</b>
		Gainesville FL, 32608	4
MGR		Ryan Brauth	
	· · · · · · · · · · · · · · · · · · ·	2800 SW 35th Place #1505C	· .
		Gainesville, FL 32608	•
			en e
<u> </u>			• 
			ـ بندين د د بند ف ي
		<b>ي</b> مور	
	<del></del>		医气气
			10 C
(Use attachme	ent if necessary)		JIM 23 PA 4: 05
`			
NOTE: An	additional article must	be added if an effective date is requested.	5
REQUIRED	SIGNATURE:		<b>9</b> 6
	McM	I More	
	Signature of a meml	per or an authorized representative of a member.	
	(In accordance with s of this document contact the facts stated h	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)	
	Micha	<del></del>	ام د مانشده
	7	yped or printed name of signee	

<u>Filing Fees:</u> \$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)