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# **Cover Letter**

To Whom It May Concern:

Attached is the information needed to obtain a registered LLC. If you have any questions please call.

Contact Information: Name: Ray Schalk

Address: 827 Maxwell Street

Orlando, FL 32804

Phone: 407.425.4583

407.383.0759

Thank you, Ray Schalk

### TRANSMITTAL LETTER

	gistration Section vision of Corporations		
SUBJECT	Real Estate Marketing Solu	itions, LLC	_
	(Name of Limi	ted Liability Company)	-
The enclos	sed Articles of Organization and fe	e(s) are submitted for filing.	
Please retu	arn all correspondence concerning t	this matter to the following:	
Day Cab	lb.		
Ray Sch	(Name of Person)	-	
Pool Eet	ate Marketing Solutions, LLC		218
- Near LSt	(Firm/Company)	······································	E T
			THE W 9: 23
827 Max	well St.		照至
	(Address)		23
Orlando,	Fl., 32804		D 25
	(City/State and Zip Code)	<del>-</del>	
For further	r information concerning this matte	er, please call:	
Ray Sch	nalk	at ( 407 ) 425 4583	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Registration Division o 409 E. Gai	f Corporations ines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited	Liability Company is:	-	
Real Estate Marketing So	lutions, LLC	- w-	
<b>ARTICLE II - Address</b>	•		
The mailing address and	street address of the prin	ncipal office of the Limite	d Liability Company is:
Principal Office Addre	ss:	Mailing Address	<u>:</u>
827 Maxwell Street		827 Maxwell Stree	et
Orlando, FL 32804		Orlando, FL 3280	4
	_		
The name and the Florid	a street address of the re	Office, & Registered Agestistered agent are:	ent's Signature:
Ray	/ Schalk		
	Name		150 0 m
827	827 Maxwell Street		英
	Florida street address (P.O. Box <u>NOT</u> acceptable)		- FLS 9: 2
Orla	ando	FL 32804	
	City, State, an	d Zip	マジ

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

(CONTINUED)

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

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

Title: "MGR" = Manager "MGRM		<u> </u>	
"MGRM" = Managing Member    MGRM		Name and Address:	
MGRM  Ray Schalk  827 Maxwell Street Orlando, FL 32804  MGRM  Gerard S. Krehl  1384 Black Willow Trail Altarnonte Springs, FL 32714  (Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:  (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.)  Pay Schalk  Typed or printed name of signee  CL# 2388  NUM.00  S 15.00 Designation of Registered Agent S 30.00 Certificet Goyy (Optional) S 5.00 Certificet eof Status (Optional)	<b>U</b>	<del></del>	
MGRM  Gerard S. Krehl  1384 Black Willow Trail Altamonte Springs, FL 32714  (Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:  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.)  Pay Schalk  Typed or printed name of signee  CL#2388  #IMD.00  \$ 25.00 Designation of Registered Agent \$ 30.00 Certificet Gopy (Optional) \$ 5.00 Certificet eof Status (Optional)	"MGRM" = Managing Member	<del>-</del>	
Orlando, FL 32804  Gerard S. Krehl  1384 Black Willow Trail Altarmonte Springs, FL 32714  (Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:  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 penaltics of perjury that the facts stated herein are true.)  Ray SCHALK  Typed or printed name of signee  CK#2388  Filing Fees: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	MGRM	Ray Schalk	
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Page 2 of 2

### ATTACHMENT A

Article V - Effective Date

The effective date for the beginning of this limited liability company is July 17, 2003.

Article VI – New Members

There shall be no new managers or managing members or members added to this limited liability company without the consent of all existing managers, managing members or members.

REQUIRED SIGNATURE:

RAY SCHALK

FILED 9: 23
2003 JUL 18 M 9: 23
UNIVERSITY OF SORPORATIONS