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# TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Anita Scott Realty, LLC (Name of Limited L	iability Company)
(1.11110-01.21111100.2	monthly Company)
The enclosed Articles of Organization and fee(s)	•
Please return all correspondence concerning this	matter to the following:
Anita Scott	
(Name of Person)	
Anita Scott Realty, LLC	
(Firm/Company)	
P.O. Box 7217	
(Address)	•
Seminole, Florida 33775	
(City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
Anita Scott at (	727 ) 224-4741
(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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
Anita Scott Realty, LLC	
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
n to to at Office Address.	Mailing Addungs

Principal Office Address:	Mailing Address:
13967 Dominica Drive	P.O. Box 7217
Semînole, Florida 33776	Seminole, Florida 33775

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

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

Anita M. Scott
Name
13967 Dominica Drive
Florida street address (P.O. Box NOT acceptable)
Seminole, Florida 33776 FL
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

(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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er
MGR	Anita Scott
	13967 Dominica Drive
	Seminole, FI 33776
-	Anita M. Scott
(Use attachment if necessary)	
NOTE: An additional articl	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	
	1/2/4
	Unita Scatt
Signature of	f a member or an authorized representative of a member.
of this docur	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury s stated herein are true.)
Anita M. S	Scott
	Typed or printed name of signee
	Ellian E

Filing Free: \$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)