

L03000040567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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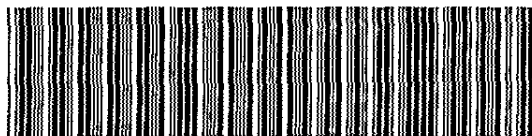
Sabrina Baker GAVE

AUTHORIZATION BY PHONE TO

CORRECT Suffix to be LLC also mqrn

DATE 10/23 @ 8:45 am

DOC. EXAM J. Bryan



700023696127

10/14/03--01042--003 **130.00

FILED
2003 OCT 14 AM 8:50
TALLAHASSEE, FLORIDA

J. BRYAN OCT 23 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAKER Real Estate Brokerage Firm LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabrina J. Baker
(Name of Person)

(Firm/Company)

1855 Bemington View Ct
(Address)

Orlando, FL 32829
(City/State and Zip Code)

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2003 OCT 14 AM 8:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sabrina Baker at (407) 381-5404
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAKER Real Estate Brokerage Firm LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

*6855 Remington View Ct.
Orlando FL 32829*

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

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

Jerome Baker
Name

6855 Remington View Ct
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32829
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..

Jerome Z. Baker
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" = Managing Member

CEO MGRM

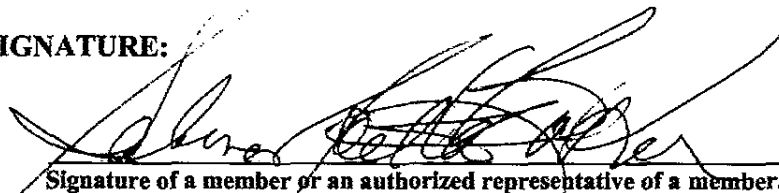
Name and Address:

Sabrina Baker
6855 Remington View CT.
Orlando, FL 32829

(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.)

Sabrina Joetta Baker

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)

FILED
2003 OCT 14 AM 8:50
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA