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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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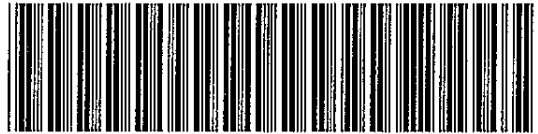
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Residential Realty Specialists, Ltd. Co.
(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:

Sandra Strickland
(Name of Person)

Residential Realty Specialists, Ltd. Co.
(Firm/Company)

2640 Devon Ct
(Address)

Delray Beach, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Strickland at (561) 381-5215
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Residential Realty Specialists, Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

2640 Devon Ct
Delray Beach, FL
33445

Mailing Address:

2640 Devon Ct
Delray Beach, FL
33445

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

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

Sandra Strickland
Name
2640 Devon Ct
Florida street address (P.O. Box **NOT** acceptable)
Delray Beach, FL
FLORIDA
City, State, and Zip

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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, Florida Statutes..

Sandra Strickland
Registered Agent's Signature

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

mGR

Sandra Strickland
27640 Devon Ct
Delray Beach, FL
33445

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FBI
TALLAHASSEE, FLORIDA

LEAD

REQUIRED SIGNATURE:

ED SIGNATURE: Sandra Strickland

(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.)

Sandra Strickland

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)