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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use Only | |



11/20/03--01043--001 **125.60

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: VIRTUAL HOMES TOUR 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:

(Name of Person)

(Firm/Company)

3840 Maule Zd.

(Address)

PENSACOLA FL 32503

(City/State and Zip Code)

For further information concerning this matter, please call:

Sixto J. Junco at (850) 380 -6199

(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

| The name of the Limited Liability Company is: |
|--|
| Virtual Homes Tour 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: |
| 3840 MAULE Rd. 3840 MAULE Rd. |
| PENSACOLA, FL PENSACOLA, FL |
| 32503 32503 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Sixfo J. Junco Name Name |

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.

Registered Agent's Signature

Page 1 of 2 (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 "MGRM" = Managing Member | Name and Address: | | · — — |
|--|---|---------------|---------------|
| MANAGER | SIXTO J. JUNG 3840 MAULE RP PENSACOLA, FL 32. | 503 | · |
| · | | | : |
| | | 03 / A C | - |
| | | HASSES | |
| (Use attachment if necessary) | | IIIO:21 | Ö |
| NOTE: An additional article must | be added if an effective date is request | ed. | |
| REQUIRED SIGNATURE: | Stollmen | | |
| Signature of a member or a | n authorized representative of a member. | , | 5 - E- |

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

S/XTD J. JUNCO
Typed or printed name of signee

that the facts stated herein are true.)