

L04060016487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

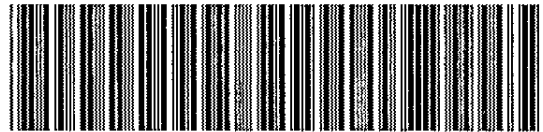
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BK

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Realticorp of Central Florida
LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

3/1/04 4:32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of this Limited Liability Company is:

REALTICORP OF CENTRAL FLORIDA, L.L.C.

ARTICLE II

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

ADDRESS

4747 S. Washington Ave., Suite 166
Titusville, FL 32780

ARTICLE III

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

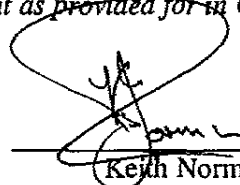
NAME

ADDRESS

Keith Norman

4747 S. Washington Ave., Suite 166
Titusville, FL 32780

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.



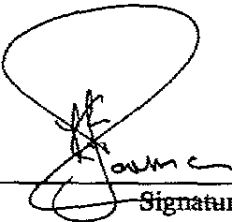
Keith Norman, Registered Agent

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ARTICLE IV

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

| <u>Title</u> | <u>Name and Address</u> |
|--------------|---|
| MGRM | Keith Norman 4747 S. Washington Ave., Suite 166 Titusville, FL 32780 |
| MGRM | Claire Norman 4747 S. Washington Ave., Suite 166 Titusville, FL 32780 |



Signature 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.)

Keith Norman, Managing Member
(Typed or printed name of signee)