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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EST Real Estate, LLC	
(Name o	of Limited Liability Company)
The enclosed Articles of Organization and fee	e(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
Elijah Thomas, Jr.	e(s) are submitted for filing. espondence concerning this matter to the following: (Name of Person) (Firm/Company)
	(Name of Person)
	Section 1
	The second
	(Firm/Company)
000 0 Pier Mer 11-2 0 4	
609 Sea Pine Way Unit C-1	(Address)
	(Addices)
West Palm Beach, Ft 33-	415
	(City/State and Zip Code)
For further information concerning this matte	r, please call:
Elijah Thomas, Jr.	ai (561) 967-1321
(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

Oly Collaboration	MINAN SORE FLORIDA	FILED 850
	(D)	F

ARTICLE I - Name: The name of the Limited Liability Company is:	
EST Real Estate, LLC	
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
609 Sea Pine Way	609 Sea Pine Way
Unit C-1	Unit C-1
West Palm Beach, FL 33415	West Palm Beach, FL 33415
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regis Elijah Thomas, Jr.	
Name	
609 Sea Pine Way Unit C-1 Florida street address (P.O. Bo	x NOT acceptable)
West Palm Beach, FL 33415 City, State, and 2	FLORIDA Cip

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..

Page 1 of 2 (CONTINUED)

<u>Fitle:</u> 'MGR" = Manager	naging Member(s): ger or Managing Member is as follows: Name and Address: Shawntrice Z. Thomas
"MGRM" = Managing Member	The of the second secon
MGR	Shawntrice Z. Thomas
	609 Sea Pine Way Unit C-1 West Palm Beach, FL 33415
	West Faim Beach, FL 33413
MGRM	Annie E. Thomas
	900 SW Ave G Place
	Belle Glade, FL 33430
MGRM	Marsha D. Clayton
	14460 SW 152 CT.
	Miami, FL 33196
(Use attachment if necessary)	
(000 0000000000000000000000000000000000	

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)

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

Typed or printed name of signee

that the facts stated herein are true.)

Shawntrice Z. Thomas