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(Re	questor's Name)			
(Adı	dress)			
(Ad.	dress)			
(Au-	uressj			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)	1		
Certified Copies	Certificate	s of Status		
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Special Instructions to	Filing Officer			
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Office Use Only

2004 APR -2 A II: 29



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TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

FILED

2004 APR -2 A 11: 29

SUBJECT:

۷.

SENTINEL REALTY, LLC

(Name of Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Ray Kreger	
(Name of Person)	
(Firm/Company)	
1301 S. W. 10th Ave, Suite G1	106
(Address)	
Delray Beach, FL 33444	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
a	at ()
(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

3/38/04

PLEASE RETURN
TWO STAMPED COPIES
TO THE ABOVE NAME
AND ADDRESS.
THANK YOU VERY MUCH,
ROW KIGH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANED

ARTICLE I - Name: The name of the Limited Liability Company is: SENTINEL REALTY, LLC ARTICLE II - Address:	2004 APR -2 A II: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
The mailing address and street address of the principal	Mailing Address:	
Principal Office Address:	Mannig Address.	
P. O. Box 4502	P. O. Box 4502	
Hallandale, FL 33008	Hallandale, FL 33008	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register		
Ray Kreger		
Name		
1301 S. W. 10th Ave, G106		
Florida street address (P.O. Box NOT acceptable)		
Delray Beach, FL 33444		
City, State, and Zip		
Having been named as registered agent and to accept s liability company at the place designated in this certific registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performant accept the obligations of my position as registered agen	rate, I hereby accept the appointment as ther agree to comply with the provisions of all ce of my duties, and I am familiar with and	

(CONTINUED)

Title:	anager or Managing Member is as follows: Name and Address:	FILED
"MGR" = Manager		ZONY ADD a
"MGRM" = Managing Member		2004 APR -2 A 11: 29
MGRM	Ray Kreger	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	P. O. Box 4502	- TOLE. PLURIDA
	Hallandale, FL 33008	<u></u>
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(Use attachment if necessary)		
NOTE: An additional article n	nust be added if an effective date is reques	ited.
REQUIRED SIGNATURE:		
	1 2.	
	Kny Lreger	
Signature of a	nember or an authorized representative of a mem	ber.
of this documen	with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perated herein are true.)	on jury
	RAY KREGER_ 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)