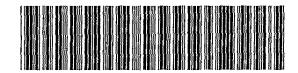
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(Requestor's Name)
(Address)
(in a section)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

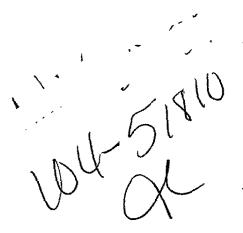




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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 1, 2004

DAVID BONSMANN 453 CARDINAL OAKS CT. LAKE MARY, FL 32746

SUBJECT: INVESTOR REAL ESTATE SERVICES, LLC

Ref. Number: W04000025339

We have received your document for INVESTOR REAL ESTATE SERVICES, LLC and check(s) totaling \$100.00 of which \$100.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 604A00042865

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Investor Real Estate Services, Ll (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:
David Bonsmann
(Name of Person)
(Firm/Company)
453 Cardinal Oaks Ct (Address)
- (Address)
Lake mary FL 32746 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
David Bonsman at (407) 322-7039 (Name of Person) (Area Code & Daytime Telephone Number)
(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 June 12 State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Estate Services

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing addre	ss and street address of the princip	pal office of the Limited Liability Company is:
Principal Office		Mailing Address:
453 Car	dinal OaksCt	453 Cardinal Oaks C
Lake m	ary FL 32746	453 Cardinal Oaks Co Lake Mary FL 32741
	0 , 0	fice, & Registered Agent's Signature:
i ne name and the	Florida street address of the regis	tered agent are:
	David Bonsm	
	Name	<u></u>
	453 Cardinal	caks ct
+ v	Florida street address (P.O. Bo	
	Lake many City, State, and Z	FLORIDA 32746
	City, State, and Z	ip As 9
mpany at the place desig ee to act in this capacity d complete performance	gnated in this certificate, I hereby a . I further agree to comply with the of my duties, and I am familiar wi	of process for the above stated limited liability accept the appointment as registered agent and provisions of all statutes relating 16 the proper the and accept the obligations of my position as
regist	ered agent as provided for in Chap	ter 608, Florida Statutes

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name ar	nd address of ea	ch Manager o	or Managing Member	is as follows:			
<u>Title:</u> "MGR" = M "MGRM" =	lanager Managing Mer	nber	Name and Address	<u>5:</u>			
MGR	·w	3 g (1.3	11	onsman	32746		
MGR	<u>m</u>	• 	Phyllis Bo 453 Cardi Lake ma	rd Er s nd 1 od p overver	2746 65746		1 .
				i de es especial militar	÷		· •
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		275			<u></u> • <u>_</u> *• ; #	r - 11	
						1,1 s	، وسدت
(Use attachr	nent if necessar	y)					
NOTE: An	additional art D SIGNATURI Signature of a m (In accordance w	icle must be a E: ember or an au ith section 608.4 constitutes an af ed herein are true	ismann	of a member.	sted. TALLAPY/SSEE, PLORIDA	D4 JUL 13 24 8: 18	FIED
- 1 (<u>F</u> <u>A</u>)		Typed or prin	ited name of signee				

ARTICLE IV- Manager(s) or Managing Member(s):

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)