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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	1
SUBJECT: Real Estate Holdings,(Name of Limited Liability Company)	OF FLORIDA, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter	to the following:
William G. Moore dr. (Name of Person)	to the toflowing:
(Firm Company)	CORIDA, LIC BOX
2049 S.E. ANCORA CT (Address)	
Port Saint Lucie Ft 34952 (City State and Zip Code)	
For further information concerning this matter, please call:	
	8-1134 ne 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

. ARTICLES OF ORGANIZA FOR	COMPANY ALLS OF FLORIDA LIC
FLORIDA LIMITED LIABILITY	COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	The state of the s
- REAL ESTATE HOLDINGS,	OF FLORIDA LIC
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address: Ma	ailing Address:
2049 S.E. ANCORA Ct. 2	049 S.E. ANCORA CT.
Port Saint Lucie, FL. 34952 Po	FT Sawy Lucie, FL 34952
ARTICLE III - Registered Agent, Registered Office, & I The name and the Florida street address of the registered ag	
William G. Moore St.	
2049 S.E. ANCORA C.T. Florida street address (P.O. Box NOT ac	cceptable)
PORT SAINT LUCIS FLORID City, State, and Zip	<u> </u>

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)

Title: Name and Address:	
Title: "MGR" = Manager "MGRM" = Managing Member "MGRM" = Managing M	
MCRM ALICIA A. Moure 2049 SE ANCORA CT. FORT ST. LUCIC, PC 34952	
MGRM Luilliam G. Moore St. 1609 N. 1824 BT FT. PIERCE IEL 34950 -	
MGRM Annie D. Moore 1609 N. 1872 B7 FT. Marca, FL 34950	
(Use attachment if necessary)	
NOTE: An additional article must be added if an effective date is requested.	
REQUIRED SIGNATURE:	
William M. Mana M.	
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 that the facts stated herein are true.) Typed or printed 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)