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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

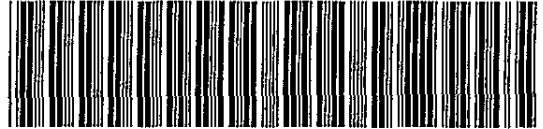
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KLAARR REAL ESTATE GROUP, LLC  
(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:

FRANZLYNE JEAN-LOUIS  
(Name of Person)

KLAARR REAL ESTATE GROUP, LLC  
(Firm/Company)

PO BOX 120368  
(Address)

FORT LAUDERDALE, FLORIDA 33312  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANZLYNE JEAN-LOUIS at ( 954 ) 274-2510  
(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

Previous Forms Sent  
But Rejected

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Franzlyne Jean-Louis  
540 East Drive  
North Miami Beach, Florida 33162  
Home: 305-653-8315  
Mobile: 954-274-2510

September 1, 2004

Division Of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/ Madam:

W04-34074

Please find enclosed articles of organization for Klaarr  
Real Estate Group, LLC along with the proper filing fees.

If you have any questions or concerns, please feel free to  
contact me at 954-274-2510.

Sincerely,



Franzlyne Jean-Louis  
Enclosures

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 13, 2004

FRANZLYNE JEAN-LOUIS  
540 EAST DRIVE  
NORTH MIAMI BEACH, FL 33162

SUBJECT: KLAARR REAL ESTATE GROUP, LLC  
Ref. Number: W04000034074

We have received your document for KLAARR REAL ESTATE GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Attached is a copy of our form. Please either use our form, or amend your form to include the required signature including the language shown on the form.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 404A00054491

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KLAARR REAL ESTATE GROUP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

PO BOX 120368

540 EAST DRIVE

FORT LAUDERDALE, FL 33312-0001

NORTH MIAMI BEACH, FL 33162-1927

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

FRANZLYNE JEAN-LOUIS

Name

540 EAST DRIVE

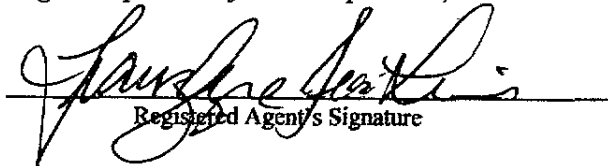
Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI BEACH

FLORIDA 33162-1927

City, State, and Zip

*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..*

  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

LEROY CLARE

PO BOX 120368

FORT LAUDERDALE, FL 33312-0007

MGRM

FRANZLYNE JEAN-LOUIS

540 EAST DRIVE

NORTH MIAMI BEACH, FL 33162

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE**



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.)

FRANZLYNE JEAN-LOUIS

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)

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