

W4000073544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

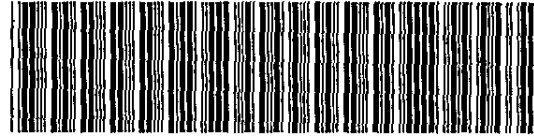
(Business Entity Name)

(Document Number)

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01 OCT 10 09:12:34
TALLAHASSEE, FLORIDA

W4-73544
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL ESTATE RESOURCES-FL, 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:

MICHAEL LYNN

(Name of Person)

REAL ESTATE RESOURCES

(Firm/Company)

501 NORTH CAUSEWAY

(Address)

NEW SMYRNA BEACH FL. 32169

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL LYNN

(Name of Person)

at (386) 409-3130

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

56 OCT - 8 PM 12:36

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

REAL ESTATE RESOURCES - FL, LLC

ARTICLE II - Address:

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

Principal Office Address:

501 NORTH CAUSEWAY
NEW SMYRNA BEACH
FL. 32169

Mailing Address:

501 NORTH CAUSEWAY
NEW SMYRNA BEACH
FL 32169

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

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

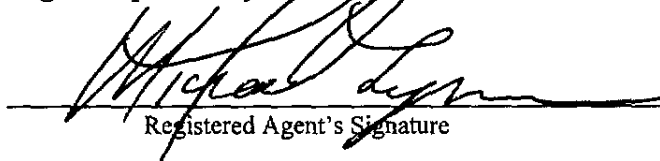
MICHAEL LYNN
Name
501 NORTH CAUSEWAY
Florida street address (P.O. Box NOT acceptable)
NEW SMYRNA BCH FLORIDA 32169
City, State, and Zip

CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT - 9 PM 12:36

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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

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:

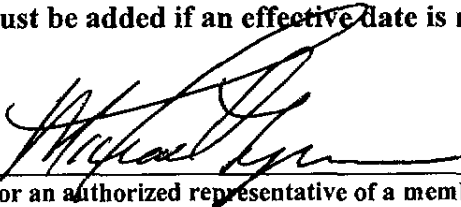
MGR

MICHAEL LYNN
501 NORTH CAUSEWAY
NEW SMYRNA BCH.
FL. 32169

(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.)

MICHAEL LYNN

Typed or printed name of signer

CLERK OF STATE
TALLAHASSEE, FLORIDA

31 OCT - 9 PM 12:31

FILED

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)