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SECRETARY OF STATE
ANALYSEE, FLORIDA

Mu/17/04

TRANSMITTAL LETTER

TO: Registration S Division of Co				
SUBJECT: Iverson I	Ranalli Investment Group, L	LC ed Liability Company)		
	(Name of Limite	d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	pondence concerning this matte	er to the following:		
Paul O I				
	(Name of Person)	TASE	2004
			L CR	苦
Galaxy Homes, LLC			HI H	; Z
		(Firm/Company)		٤ ~
			 Luč	3 圣
1205 Cape	Coral Pkwy East		, in the second	2004 NOV 12 PM 1: 15
		(Address)		iff 6
			P	,
Cane	e Coral, FI 33914			
Сар		/State and Zip Code)		
	(*)			
For further information	concerning this matter, please	call:		
Paul O Iverson		at (239) 633-9827		
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
r 1 1: 1 10				
Enclosed is a check to	or the following amount:			
☐ \$125.00 Filing Fee	⊘ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	EET ADDRESS:	MAILING A		
Registration Section Division of Corporations 409 E. Gaines Street		Registration S Division of C P.O. Box 632	orporations	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	iny is:	
Iverson Ranalli Investment Group, LLC		
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
1205 Cape Coral Pkwy East	416 SW 45th Street	
Cape Coral, FI 33904	Cape Coral, FI 33904	
		— ASE OF
ARTICLE III - Registered Agent, Registered Agent		SECREJARY OF SIGNALLAMENT SEE, FI
1 44. 0 110.001.	Name	STA -
416 SW 45th Street		IDA 16
	reet address (P.O. Box NOT acceptable)	
Cape Coral, FI 33914	* / -	
	State, and Zip	
registered agent and agree to act in this constant statutes relating to the proper and compacted accept the obligations of my position and accept the obligations of my positions are accept the obligations are acceptable to the obligations of my positions are acceptable to the obligations of the my positions are acceptable to the obligations of the my positions are acceptable to the my positions are acceptable to the my positions are acceptable to the my position acceptable to the my positions are acceptable to the my position acceptable to the	ed in this certificate, I hereby accept the c	appointment as ne provisions of all âmiliar with and

(CONTINUED)

Name and Address:

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

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

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Paul O Iverson	
	416 SW 45th Street	
	Cape Coral, FI 33914	
MGR	Jeffery Ranalli	
	4530 Match Pointe Lane	
	Ft Myers, FI 33909	

(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.)

Paul O Iverson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2