## 005000000911

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	<del></del>
•	•	
	. /Otal. (7: /Db	- 10
(Cn	ty/State/Zip/Phone	9#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	•	·
	cument Number)	
(00	odinent Ramber)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		}
		j
		1
		1
		1
		ł
<u> </u>		

Office Use Only



400043886624

01/04/05--01040--006 \*\*1S5.00

SECRETARY OF STATE
SECRETARY OF



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations  Registration Section  P-E-S
SUBJECT: _ Real Estate Success 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:
Joseph R BRACCIGLE TO (Name of Person)
Real Estate Success (Firm/Company)
3255 Hemingway Blad (Address)
Tc(l F( 3131) (City/State and Zip Code)
For further information concerning this matter, please call:
To Seph R Britance Ju at (850) 322-5879 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS:  Registration Section  Division of Corporations  Pivision of Corporations  P.O. Box 6327

Tallahassee, Florida 32314

Registration Section
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Com	pany is:		
	Real	Estate	Sociess	LLe
ARTICLE II - Address: The mailing address and st	reet address	of the principal o	ffice of the Limited	Liability Company is:
Principal Office Address:	<u> </u>		Mailing Address:	
3256 Heming & Tall FC 33311	ray 35-	<u>e</u>	Some	
7918 FC 313(1		<del></del>		<u> </u>
ARTICLE III - Registere	d Agent, Re	gistered Office,	& Registered Agen	t's Signature:
The name and the Florida s				
Jo	sepher	DACCIO Name	le Je	
_36	355	Heming w dress (P.O. Box NO	a Blal	- :
		Gress (P.O. Box <u>NO</u>		
	Cit	y, State, and Zip		
Having been named as reg liability company at the plu registered agent and agree statutes relating to the propaccept the obligations of m	ace designate to act in this per and comp	d in this certifica capacity. I furth plete performance	ite, I hereby accept th ner agree to comply v e of my duties, and I d	ne appointment as with the provisions of all am familiar with and
	//	)		OS TAL
	Registe	red Agent's Signatu	re	FAS:
				IAN -4 FETARY OF
	-	ONTINUED)		YOF S
	(C	ONTINOED)		<u>~</u> '∽ <b>=</b> C



ARTICLE_IV	- Manager(s)	or Managing	Member(s):
------------	--------------	-------------	------------

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
merm	Joseph R. Brucciae  3275 Henringury Blok  True Fi 32311
<del></del>	
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.)

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)