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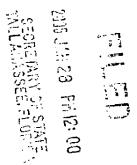
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of	Status		
Special Instructions to Filing Officer:			

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W5-11278

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation			
SUDJECT.	C.J. Munso	on Real Estate, LLC	
(Name of Limited Liability Company)			
The enclosed Articles of Or	rganization and fee(s) are so	abmitted for filing.	
Please return all correspond	lence concerning this matte	r to the following:	
	Marcum A. Sp	ears	
	()	Name of Person)	
_			
Spea	rs and Spears (I	Firm/Company)	
201 W.	Broadway, PO Box	: 377	
201 W.	Bloadway, 10 Dox	(Address)	
For further information con-		State and Zip Code)	
Marcum A. S	pears	at (309 734-5105	
(Name of F	'erson)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:	•	وسم است
☐ \$125.00 Filing Fee ☐	\$130.00 Filing Fee & tertificate 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)
Registratio Division o 409 E. Ga	ADDRESS: on Section of Corporations ines Street ee, Florida 32399	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, J	ADDRESS: TS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:
C.J. Munson Real Estate, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
476 Mariner Drive Jupiter, FL 33477	476 Mariner Drive Jupiter, FL 33477
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:
The name and the Florida street address of the re Courtney J. Muns	
Name	
476 Mariner Driv Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
Jupiter City, State, a	FL 33477 and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, ES. Signature

Page 1 of 2

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:
MGRM	Courtney J. Munson
 	476 Mariner Drive
	Jupiter, FL 33477
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
Andle	1 Marian
Signature of a mem	ber of an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury
	J. Munson
	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)