

L05000019169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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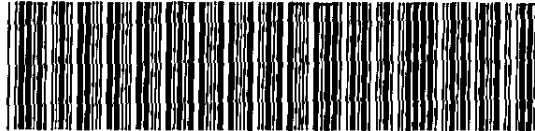
(Business Entity Name)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN FEB 25 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. E. A. A. L. 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:

David S. Marshall
(Name of Person)

R. E. A. A. L. LLC
(Firm/Company)

400 Capital Circle SE; #18-253
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

David Marshall at (850) 528-2877
(Name of Person) (Area Code & Daytime Telephone Number)

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Enclosed is a check for 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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R.E. A.A.L., LLC

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ARTICLE II - Address:

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

Principal Office Address:

400 Capital Circle SE
18-253
Tallahassee, FL 32301

Mailing Address:

400 Capital Circle SE
18-253
Tallahassee, FL 32301

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

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

David Marshall
Name

400 Capital Circle SE #18-253
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
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, F.S..


Registered Agent's Signature

(CONTINUED)

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:

David Marshall MGRM

MGRM

MGRM

MGRM

David Marshall

400 Capital Circle SE #18-253

Tallahassee, FL 32301

Kellen Nixon

Same

Michael Campbell

Same

Brian Sealey

Same

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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

David Marshall

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.)

David Marshall

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)

MGRM

Roy Maynard

~~Same~~ 400 Capital Circle ~~SENE~~
18-253

MGRM

Tallahassee, FL. 32301
Nehemiah McKnight

Same

MGRM

Sarnad Hinton

Same

MGRM

Anthony Dorsey

Same

MGRM

Kevin Grant

Same

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SECOND JURY U.S. DISTRICT COURT
TALLAHASSEE, FLORIDA