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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 13, 2005

MARSHA MELVIN 2841 SOUTH SANFORD AVENUE SANFORD, FL 32773

SUBJECT: REAL ESTATE RENOVATION & RECOVERY LLC

Ref. Number: W05000024371

We have received your document for REAL ESTATE RENOVATION & RECOVERY LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 105A00034630

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Real Estate Renovation & Recovery	LLC	
	d Liability Company)	
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Marsha Melvin		
C	Name of Person)	· · · · · · · · · · · · · · · · · · ·
Real Estate Renovation & Recovery L		
0	Firm/Company)	-1 C
		AEC SEC
2841 South Sanford Avenue		유리
	(Address)	<u> </u>
		H _A
Sanford FL 32773	,	STAT
(City/	(State and Zip Code)	— ŞH
For further information concerning this matter, please	call:	
Marsha Melvin	at (407) 688-7400	
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\sigma\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration Section	
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 632	
Tallahassee, Florida 32399	Tallahassee, F	

15-24371

TO:

Registration Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Real Estate Renovation & Recovery LLC			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:			
2841 South Sanford Avenue	2841 South Sanford Avenue		
Sanford FL 32773	Sanford FL 32773		
ARTICLE III - Registered Agent, Register The name and the Florida street address of the Marsha Melvin			
Name The Research			
2841 South Sanford Avenue			
2841 South Sanford Avenue Florida street address (P.O. Box NOT acceptable)			
Sanford FL 32773 City, Stat	FL e, 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..

Marsha M Elvin 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:
MGR	Marsha Melvin 2841 South Sanford Avenue Sanford FL 32773
	
(Use attachment if necessary)	
NOTE: An additional article must be a	ndded if an effective date is requested.
REQUIRED SIGNATURE:	n Da
Morsha W Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Marsha Melvin	or printed name of signee
Турса с	v brunes mune or 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)