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(Re	equestor's Name)	
(Ac	idress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tri-County Realty UC (Name of Limited	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mary Coleman (Name of Person)	
TRi-County Reathy	_
(Firm Company)	
1103 S. Wankosha St.	95 JL 95 JL
Bonifac F2 32425	05 JUN -8 AM 10: 31 SECREMAY OF STATE FALLAGE FLORIDA
1 0	33 G
For further information concerning this matter, please call:	₩. È
(Name) of Person) at (850 S41 - 1480 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee & 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:	
Tri-County	Realty UC
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

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

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)

Page 1 of 2

The name and address of each Manager of	or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	William Robert Smith	
MGRM	Manx Elizabetz Genar 1480 Gavin 12 Bontus 6 32425	_
<del></del>		
		_
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		

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

(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.)

Signature of a member or an authorized representative of a member.

Typed or printed name of signee

#### Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**Article I.** The name of the Limited Liability Company is TRI-COUNTY REALTY LLC

Article II. Location: Holmes County Florida

Principal business address: 1103 S. Waukesha St.

Bonifay, Florida 32425

Article III. Name and mailing address of organizer and registered agent

Mary Coleman 1486 Gavin Rd Bonifay, Florida 32425

Article IV. There are two managing members of TRI-COUNTY REALTY LLC:

William Robert Smith MGRM 1486 Gavin Rd Bonifay FL 32425

Mary Elizabeth Coleman MGRM 1486 Gavin Rd Bonifay FL 32425

The members were married in Geneva County, Alabama November 8, 2003.