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2005 JUN 14 P 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

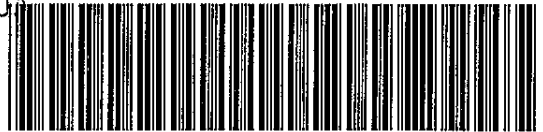
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

SUBJECT: INTEGRITY REAL ESTATE HOLDING COMPANY, LLC  
(Name of Limited Liability Company) 2005 JUN 14 PM 3:38

The enclosed Articles of Organization and fee(s) are submitted for filing.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please return all correspondence concerning this matter to the following:

MARLENE REED  
(Name of Person)

UNFOLDMENT, INC.  
(Firm/Company)

3709 SE 18 PLACE  
(Address)

CAPE CORAL FLORIDA 33904  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARLENE REED at (239) 542-0399  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

**INTEGRITY REAL ESTATE HOLDING COMPANY, LLC**

3709 SE Eighteenth Street  
Cape Coral, Florida 33904  
Phone: 239-810-4701/Fax: 239-549-9699

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 7, 2005

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

*Via: USPS Express Mail*

Dear Madam/Sir:

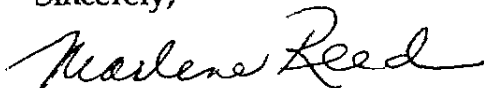
Please find enclosed Articles of Organization for filing a limited liability corporation in the state of Florida.

I have enclosed a money order in the amount of \$155 to cover the filing fee and cost of a certified copy.

I have also enclosed a pre-paid, self-addressed USPS Priority Mail envelope for your convenience.

Thank you for your kind assistance in this matter.

Sincerely,



Marlene Reed  
Managing Member

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

INTEGRITY REAL ESTATE HOLDING COMPANY, LL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3709 SE 18 Place  
Cape Coral, Florida  
33904

3709 SE 18 Place  
Cape Coral Florida  
33904

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

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

Marlene Reed  
Name

3709 SE 18<sup>th</sup> Place  
Florida street address (P.O. Box **NOT** acceptable)  
Cape Coral FL 33904  
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..*

Marlene Reed  
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

MGRM

**Name and Address:**

**FILED**

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MARLENE REED

3709 SE 18

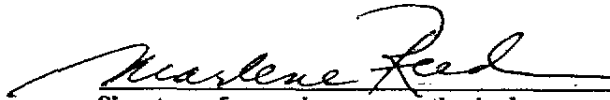
Cape Coral FL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
33709

(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.)

MARLENE REED

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)**