1.05000aba925

(Re	equestor's Name)			
(Ad	idress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		1 1 1		

Office Use Only

2005 JUN 17 P 2: 39



800056289638

06/20/05--01014--016 **125.00

TRANSMITTAL LETTER

TO: Registration Division of C		•	FILED
SUBJECT:		INVESTMENTS, LLC ed Liability Company)	2005 JUN 17 P 2: 39 SECRETARY OF STATE
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	TALLAHASSEE, FLORIDA
Please return all corre	spondence concerning this matte	er to the following:	
	LEROY FF		
	(Name of Person)	
		BAL INVESTMENTS, LLC	
•	(Firm/Company)	
	4377 C	NEGA CIRCLE	
		(Address)	
	WEST PALM BE	EACH, FLORIDA 33409	
 -	(City	/State and Zip Code)	
		•	
For further information	concerning this matter, please	call:	
LEROY FI		at (-2393
(Nan	e of Person)	(Area Code & Daytime T	Telephone Number)
Enclosed is a check	for the following amount:		
S \$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)
Regi Divis	EET ADDRESS: stration Section sion of Corporations	MAILING A Registration of C	Section Corporations

409 E. Gaines Street Tallahassee, Florida 32399 , P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	2005 JUN 17 P 2
The name of the Limited Liability Company is:	SECRETARY OF ST. TALLAHASSEE, FLO
REALITY GLOBAL INVESTMENTS, LI	_c
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:
4377 ONEGA CIRCLE WEST PALM BEACH, FL. 33409	4377 ONEGA CIRCLE WEST PALM BEACH, FL. 33409
	WEST ALM BEAGN, I.C. 33435
The name and the Florida street address of the r WAYNE M. RICH	
Name	• .
2001 BROADWAY	, SUITE 101
Florida street ado	iress (P.O. Box NOT acceptable)
RIVIERA BEACH,	<u>kan di kabangan nganggan nga</u>
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and sterfd agent as provided for in Chapter 608, F.S

(CONTINUED)

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" = Manage		Name and Address:	FILED
"MGRM" = Mana	ging Member		2007 HILL (7 D 2: 70
MGR		LEROY FREEMAN	· 2005 JUN [7 P 2: 39
WOIN	<u> </u>	4377 ONEGA CIRCLE WEST PALM BEACH, FL. :	SECRETARY OF STATE 33409 TALLAHASSEE. FLORIDA
MGRM		PATRICIA FREEMAN	
	<u>.</u>	4377 ONEGA CIRCLE	•
		WEST PALM BEACH, FL.	33409
	, .		e ideas
	<u>-</u> *		
			<u> </u>
	<u>-</u>	··-	
			<u> </u>
(Use attachment if	necessary)		
NOTE: An addit	ional article must be	added if an effective date	is requested.
REQUIRED SIG	NATURE:	;	•
*	A	•9	
;	Signature of member or	neeman	of a member.
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the san affirmation under the penal n are true.)	ne execution ties of perjury
	LELOY FREEM		•
	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)