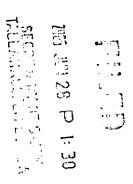
## L05000066376

| (Req                                    | uestor's Name)   |           |  |  |
|---|------------------|-----------|--|--|
| (Add                                    | ress)            |           |  |  |
|   | ress)            |           |  |  |
| (Add                                    | 1622)            |           |  |  |
| (City/State/Zip/Phone #)                |                  |           |  |  |
| PICK-UP                                 | MAIT             | MAIL      |  |  |
| (Bus                                    | iness Entity Nam | ne)       |  |  |
| (Doc                                    | ument Number)    |           |  |  |
| Certified Copies                        | Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                  |           |  |  |
|   |                  |           |  |  |
|   |                  |           |  |  |
|   | 1                |           |  |  |
| Nacid<br>Latobility                     |                  |           |  |  |
| magament p                              | Office Use Onl   | y         |  |  |
| Late design                             | -00              |           |  |  |
| list or<br>list for                     | p.r <b>c</b>     |           |  |  |
| Actinovillerigement                     | DCC              |           |  |  |
| W. P. Verifyer                          | DCC              |           |  |  |



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06/28/05--01017--015 \*\*160.00



## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: ASSIST - 2-SELL BUYERS & SEZLERS REMESTATE, LL (Name of Limited Liebility Company)  |  |  |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.   |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |
| (Name of Person)   |  |  |  |  |
| (Firm/Company)   |  |  |  |  |
| 1862 SRAWHOA DR. (Address)   |  |  |  |  |
| MARCO ISLAND, FZ 34145 (City/State and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
| (Name of Person) at (239) 571-1265 (Area Code & Daytime Telephone Number)  |  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |
| S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  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:

| Assist - 1-         | SELL Buyons  | + Strus K                     | EM ESTATE, LL            |
|---------------------|--|-------------------------------|--------------------------|
| ARTICLE II - Add    | lress:   |                               |                          |
| The mailing address | and street address of the pri                                    | incipal office of the Limit   | ed Liability Company is: |
| Principal Office Ad | ldress:  | Mailing Address:              |                          |
| SUNSET.             | PLAZA<br>COLLIER BLYD.<br>SLATD, FZ 34145                        | SUNSET PA                     | 124                      |
| <u>933 N.</u>       | COLLIER BLYD.  | 933 N. C.                     | DEVICE BLUB.             |
| MARCO I             | SLATO, FZ 34145  | MAKCO I SL                    | MO, Fr 34145             |
| ARTICLE III - Re    | gistered Agent, Registered                                       | Office, & Registered Ag       | gent's Signature:        |
| The name and the F  | lorida street address of the re                                  | =                             |                          |
|                     | RALPH V.   | Iorio                         |                          |
| -                   | Name   |                               |                          |
| _                   | 1862 GRA   |                               |                          |
| _                   | Florida street add   | ress (P.O. Box NOT acceptable | e)                       |
| -                   | Manco Iscarp<br>City, State, a                                   | FL 34145                      |                          |
|                     | City, State, a   | по др                         |                          |
| liability compan    | d as registered agent and to a<br>y at the place designated in t | his certificate, I hereby acc | ept the appointment as   |
|                     | d agree to act in this capacity<br>the proper and complete pe    |                               |                          |
|                     | ations of my position as regis                                   |                               |                          |
|                     | RK   | 2                             | 128                      |
|                     | Registered Agent's   | Signature                     |                          |
|                     |  |                               |                          |

(CONTINUED)

Page 1 of 2

| The name and address of each Manager   |  |
|--|--|
| Title: "MGR" = Manager "MGRM" = Managing Member  | Name and Address:  |
| MGR  | RAMPH V. IORIO<br>1862 GRANADA DR.<br>MARCO ISLAND, FR 34145 |
| MGRM   | TO ANNÉ IORIO<br>1561 GRANDA DA<br>MARCO ISLAND, FR 34145    |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
| NOTE: An additional article must be  | e added if an effective date is requested.                   |
| REQUIRED SIGNATURE:  | 2/2  |
| Signature of a member  | or an authorized representative of a member.                 |
| of this document constitu<br>that the facts stated her   | <b>n</b>   |
|  | AZPH V. ZOR.B.   |
| Filing Fees:   |  |
| \$125.00 Filing Fee for Articles of Organic<br>of Registered Agent<br>\$ 30.00 Certified Copy (Optional)<br>\$ 5.00 Certificate of Status (Optional) | zation and Designation                                       |