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2005 JUL 18 P SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				FILED
-	REALTY, I	LLC ed Liability Comp	any)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organizat	, .		-	
Please return all correspondence co	ncerning this matte	er to the following	3 :	
	DAVID	Name of Person)		
	IFMS			
	((Firm/Company)		· · · · · · · · · · · · · · · · · · ·
	424 E C	(Address)	.vp, #301	· .
	ORLANDO (City	STL 3280	- (e)	
For further information concerning	this matter, please	e call:		
(Name of Person)		at (<u>407</u> (Area Coo) 363-70 le & Daytime Te	lephone Number)
Enclosed is a check for the follo	wing amount:			
-	0.00 Filing Fee & ate of Status	S155.00 F Certified Cop (additional copy	by -	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDR Registration Sect Division of Corp 409 E. Gaines St Tallahassee, Flor	ion orations reet		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the Limited Liability Company is:	" TELATIASSEE, FLORIDA
PROTEGE REALTY, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
424 E CENTRAL BLUD, #301 ORLANDO FL 32801	ORLANDO FL 32801
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
DAVID PERF	Y ,
424 £ CENTRA Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
ORLAND City, State, a	FL 32801 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 stered agent as provided for in Chapter 608, F.S
Registered Agent'	a Signatura
Registered Agent	2 DiBitatrite

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	FILED
"MGR" = Manager "MGRM" = Managing Member		2005 JUL 18 P 1:55
MGRM	THERESA PAGE 4985 DAN SMITH RO ST CLOUD FL 34771	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MERM	DERYCK HARMER 2661 DELCREST DRIVE ORLANDO FL 32817	
MGRM	DAVID PIERFY 424 E CENTRAL BLVD, #30 DRLANDO FL 32501	
MGRM	TRAVIS PAGE 223 1/2 S GALE DR BEVERLY HILLS CA 90211	
MGRM	MATTHEW BELLER 223 V2 5 GALE DR BEVERLY HILLS CA 90211	
REQUIRED SIGNATURE:		
Signature of a ref	mbar ar an authorized representative of a man	nhar

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.)

DAVID PIERFY
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)