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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Real Estate Solutions LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David A. Miller (Name of Person)
Real Estate Solutions LLC (Firm/Company)
4155 Vermont Blvd (Address)
ElKton, FL 32033 (City/State and Zip Code)
For further information concerning this matter, please call:
David A. Miller at (904) 824-5347  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Enclosed is a check for the following amount:  \$\sqrt{\$125.00}\$ Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & \$\sqrt{\$\$155.00}\$ Filing Fee & \$\sqrt{\$\$160.00}\$ Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  **Mailing Address** Registration Section Division of Corporations  **Street/Courier Address** Registration Section Division of Corporations  **Total Control of Corporations**  **Total Control of Control of Control of Corporations**  **Total Control of Contr
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314  Z661 Executive Center Circle

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4155 Vermont Blvd Elkton, FL 32033	4155 Vermont Blod Elkton, FL 32033
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
David A. Mil	LE C
Name	27
4155 Vermont	Blvd STO E
	ess (P.O. Box NOT acceptable)
<u>Elkton</u> ,	ess (P.O. Box NOT acceptable)  FL 3 2092  SET 25
City, State, an	d Zip
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR **3203**3 MER MGRM (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee