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(Requestor's Name)				
(Address)				
(Addiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

Division of Corporations			
SUBJECT: RE	AL ESTATE	Rescue	L.L.C
	(Name of Limite	d Liability Company)	Late
	f Organization and fee(s) are su		EFFECTIVE BRILL
Please return all corresp	ondence concerning this matter	r to the following:	0,
	ames U	Name of Person)	世 影音
	(ı	value of reison)	70
	(Firm/Company)	20
2	026 FANN	(Address)	
Talla	a hassee	Florida State and Zip Code)	32303
	(Chy.	State and 21p code,	
For further information of	concerning this matter, please of	all:	
James H	PakerI	at (850) 251	9804
(Name	of Person)	(Area Code & Daytime Tel	
Enclosed is a check fo	r the following amount:		
\$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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
REAL ESTATE Res (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2026 Fannie Drive	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.) The name and the Florida street address of the registration.	ed Agent. You must designate an individual or another
JAMES H. Name	Parker III
· · · · · ·	ss (P.O. Box NOT acceptable) FL 32303 I Zip
liability company at the place designated in thi registered agent and agree to act in this capacity	cept service of process for the above stated limited s certificate, I hereby accept the appointment as to I further agree to comply with the provisions of performance of my duties, and I am familiar with

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: , 200 6 (OPTIONAL) (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 of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

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)