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(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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DIVISION OF CORPORATION

05 NOV -7 PM 2: 28

NOLIVATOR OF CRITICAL SINGLES

COVER LETTER

TO: Registration Sec Division of Cor					
SUBJECT:	(Name of Limited	Liability Company)	A LLC		
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:	~ ~		
Da	un Stepl	rens			
	(1)	Jame of Person)			
 	(F	Firm/Company)	<u> </u>		
_3111	Mahan I	Suite (Address)	70-2177		
Tallo	chasses, To	State and Zip Code))8		
For further information concerning this matter, please call:					
Daun (Name	Stephens of Person)	at (\$50) 215 (Area Code & Daytime Tel	2 - 6191 ephone Number)		
Enclosed is a check for	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)		
	Mailina Address	Street/Courier Address	•		

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
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:
North Florida REIA, LLC
(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 principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Surfe 20-2(77 Salid hasse, Ft 32308 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
Jaun Stephens Name 3111 Mahan D. Suite 20-2177 Florida street address (P.O. Box NOT acceptable) City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIREL

(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" = Manager "MGRM" = Managing Member	Name and Address:	
	MOTON -	Daun Stephons 3111 Mahan Ja Sude. Jallahassee, Ft 32308	<u> 2</u> 0 -2(177) -
			
			—
	(Use attachment if necessary)		 -
(If an		date of filing: (OPT be specific and cannot be more than five be	
	REQUIRED SIGNATURE:		r from
	(In accordance with sect of this document constituted that the facts stated here)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	SECRETARY OF STATE OF STATE OF CORPORATION OF CORPORATION OF NOV -7 PM 2: 28

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)