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| | (Requesto | or's Name) | |
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| | (Address) | 1 | |
| | (Address) | | |
| | (City/State | e/Zip/Phone | #) |
| PICK-UI | P 🗌 | WAIT | MAIL |
| | (Business | Entity Nam | e) |
| | (Documer | nt Number) | |
| Certified Copies | | Certificates | of Status |
| Special Instructions | s to Filing | Officer: | |
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COVER LETTER

| Division of Corp | | | | |
|--|---|--|--|--|
| suвјест: <u>Rog</u> | es & Crawfor Name of Limited | d Real Estate, | Anctions LLC | |
| | | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| *************************************** | Charle | 5 T. Rogers | | |
| Roger | s & Crawford | Real Estate Auct | ins LLC | |
| 12157 W. Linebaugh Ave. #397 | | | | |
| (Address) | | | | |
| Tampa, FL 33626 (City/State and Zip Code) | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Charles | T. Rogers | at (813) 925- (Area Code & Daytime Te | 8600 | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for | 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 | ICRETA | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Estate Auctions LLC Company" or their abbreviation "LLC," or "L.C.,") | | | | |
|--|--|--|--|--|
| ncipal office of the Limited Liability Company is: | | | | |
| Mailing Address: | | | | |
| Same | | | | |
| Office, & Registered Agent's Signature: red Agent. You must designate an individual or another | | | | |
| gistered agent are: | | | | |
| Rogers | | | | |
| 12157 W. Linebaugh Ave #397 Florida street address (P.O. Box NOT acceptable) | | | | |
| FL 33626_ nd Zip | | | | |
| ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and thered agent as provided for in Chapter 608, F.S. | | | | |
| | | | | |

(CONTINUED) Page 1 of 2

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 Managing Member Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. 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 that the facts stated herein are true.) Typed or printed name of signee Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)