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12/15/05--01030--020 **130.00

COVER LETTER

Division of Co			
SUBJECT: <u>REA</u>	Estate Accomo	dators, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
LINDA	Hughes	Name of Person)	
0 -	(realite of t ason)	
REAL Pro	Hughes perty Exchange	Services LLC Firm/Company)	155 cm - 1
2725	St. Thomas DR.		
		(Address)	
Punta	Gorda, FL. 3	33950	1
	' (City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
FREddie CA	HolwEll	at (941) 286-6 (Area Code & Daytime Te	933
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
REAL ESTATE Accomodato (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
110 HAROLD Ct. Punta Corda, FL 33950	LINDA Hughes 2725 St. Thomas DR Punta Gorda, FI
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
FREddie M CA	Idwell
10.00	1
1322 Via Mi	<i>lanese</i>
	ress (P.O. Box NOT acceptable)
Punta Bora City, State, ar	FL 33950 ad Zip
	ccept service of process for the above stated limited is 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
accept the obligations of my position as regist	tered agent as provided for in Chapter 608, F.S
Freddie h	. Caldwell For 0
Registered Agent's Signatu	ire (REQUIRED)
(CONTINU Page 1 of 2	श्री जिल्ला इ.स.च्या
	92 50 A

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	nger anaging Member	Name and Address:
MGRM		Freddie Caldwell 1322 Via Milanese
MGRM	<u>. </u>	LINDA Hughes 2725 STTHOMAS DR RENTA GORDA, FL 33950
	<u> </u>	
(Use attachmen	t if necessary)	
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.)	
LE V: Effective fective date is li days after the o	e date, if other than the disted, the date must be date of filing.) IGNATURE:	date of filing: 12-12-05. (OPTION specific and cannot be more than five business d
LE V: Effective	e date, if other than the isted, the date must be date of filing.) IGNATURE:	

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)