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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

DEC 27 PM 1: 2

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	In terna tronal (Name of Lim	Sealty Group, ited Liability Company)	uc.	
	(1 talle of 1still	(out Emonity Company)		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corresp	condence concerning this ma	tter to the following:		
	Patricia	M. Noviega (Name of Person)		
		(Name of Person)		 · · · ·
	Internat	(Firm/Company)	y lec	
		(Firm/Company)		
	1851 NW	125th Brenne (Address)	# 355	
,		(Address)		
	Pem broke	Inn for 3302 B ity/State and Zip Code)	TALL A	05 DE
	(C	ity/State and Zip Code)	1/2	
m		••	(5) (1) (1) (1)	7
3	concerning this matter, please		担	S 35 €
Patricia	Nov. egg	at (- 60 80 SE	7 : 2 : 2
(Name	of Person)	(Area Code & Daytime T	elephone Number)	7 10
	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)	\$160.00 Filing For Certificate of Status of 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e.	
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ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

| B51 | Mailing Address: | | B57 | Mailing Address: | B57 | Mailing Address: | |

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 (REQUIRED)

Title: "MGR" = Manag		Name and Address:
"MGRM" = Man		Romy Recio 149049 NW Grad Avenue Miam Lakes Fr 33018
MGRM		Patricia M. Noriega 1243 Manor Divie Sout
Mann	<u> </u>	Carl Nor. age 1243 Manor Drive Suft
	_	Wahr, F. 23324 CORDA
(Use attachment :	date, if other than the dated, the date must be s	ate of filing: (OPTIONAL specific and cannot be more than five business days
effective date is list		
ffective date is lis	GNATURE:	
offective date is list Odays after the da	Care	An an authorized representative of a warmhar
effective date is list O days after the da	Signature of a member (In accordance with section of this document constitute that the facts stated here	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.) or

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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