Division of Corpor lions

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheef. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((([1060000246113)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

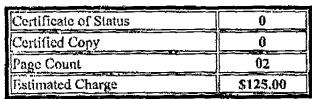
Division of Corporations

Fax Number : (850)205-0383

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)365-6735 Fax Number ; (954)641-4192

FLORIDA/FOREIGN LIMITED LIABILITY

E55 REALTY GROUP, LLC



Electronic Filing Menu

Corporate Filing Menu

Help

18:

H060000246113

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	• «		
The name of the Limi	ited Liability Com	pany is:	
መሮፍ ክልፍት የመ የመ	** ** ***		
E55, Réalty 'G' (Miss and with the words "I		ny, "Limited Company" or their abbreviation "LLC	O," or "L.C.,")
ARTICLE II - Addi	rneer		
		of the principal office of the Limited I	iability Company
Principal Office Address:		<u>Mailing Address:</u>	
		P.O. Box 267	
3900 Hollywood Blvd , Ste. 343 Hollywood, FL 33021		Hallandale, FL 33008	
And the second s			
ARTICLE III - Reg	istered Agent, Re	egistered Office, & Registered Agent own Registered Agent. You must designate an ind	t's Signature: iividual or another
(The Limited Liability Continues entity with an act		1	
(The Limited Liability Combusiness entity with an act	ive Florida registration.)	s of the registered agent are:	06 SE(
(The Limited Liability Combusiness entity with an act	ive Florida registration.)	s of the registered agent are:	O6 JAN SECIAL TALLAR
(The Limited Liability Combusiness entity with an act	ive Plorida registration.) orida street addres:	s of the registered agent are:	FIL 06 JAN 30 SECRETARS TALLAHAS
The Limited Liability Combusiness emity with an act	ive Plorida registration.) orida street addres <u>TBABC Emane</u>	s of the registered agent are:	JAN 30 CRETAINS LAHASSE
The Limited Liability Combusiness emity with an act	ive Plorida registration.) orida street addres <u>Isaac</u> Emano 3900 Hollywood	s of the registered agent are: Name	JAN 30 AM CRETAINT OF LAHASSEE,
The Limited Liability Combusiness entity with an act. The name and the Florida	ive Plorida registration.) orida street addres <u>Isaac</u> Emano 3900 Hollywood	s of the registered agent are: Name Blvd., Ste. 343	JAN 30 CRETAINS LAHASSE

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)

H060000246113

(CONTINUED)

H060000 246113

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	•
	and the second s
MGR	Isaac Emano
	·
ary broke and agreement or or or or year of haddle produce a subsystem.	
And the state of t	
Beiggstein-	
	
(Use attachment if necessary)	,
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior
<u>rkouired</u> signature:	
-	or an authorized representative of a member.
(In accordance with sect of this document constitution that the facts stated be	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury.
Isaac	Emano AF AN
Тур	Emarico and or printed name of signee ASS AND T AND T T T T T T T T T T T T T
Filing Foos:	
\$125.00 Filing Fee for Articles of Organ	lization and Designation
of Registered Agent 5 30.00 Certified Copy (Optional)	REFE 12
\$ 5.00 Certificate of Status (Optional)	

H060000246113

Page 2 of 2