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COVER LETTER

TO: Registration S Division of C						
SUBJECT: Roma	an Realty Group, Ll	_C				
	(Name of Limite	d Liability Company	у)		,	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.				
Please return all corres	pondence concerning this matte	er to the following:				
Sandra F	Roman					
	(Name of Person)			TAT 38	2336
Roman F	Realty Group, LLC				CRE	<u></u>
	(Firm/Company)			200	30
2121 Lil	ypad Lane				E C	<u> </u>
		(Address)				13
Windern	nere , Florida 34	786			سدوالدي الأس عشس	*
	(City	/State and Zip Code)				
For further information	concerning this matter, please	call:				
Patricia Leona	ard	at (407 _)	761-602	24		
(Nam	e of Person)		k Daytime Te	elephone Numbe	r)	
Enclosed is a check f	or the following amount:					
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy (additional copy is o	•	S160.00 Certificate of Certified Conditional con	of Status opy	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bui	Corporation Iding Itive Center	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

"or their abbreviation "LLC," or "L.C.,") Fire of the Limited Liability Company is: P Address: ypad Lane
ffice of the Limited Liability Company is:
Address:
Address:
g Address:
ypad Lane
mere, Florida 34786
where, Florida 34786 Registered Agent's Signature: You must designate an individual or another
agent are:
Box NOT acceptable)
786
···
d

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)

(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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member Sandra Roman, MGRM	2121 Liliypad Lane
	Windermere, Florida 34786
	SECRETARY OF STATE AND LAND
	ASSE
	
	
(Use attachment if necessary)	
(Use attachment if necessary)	A. L. CCII
CLE V: Effective date, if other than t effective date is listed, the date must	the date of filing: (OPTIONAL t be specific and cannot be more than five business days
CLE V: Effective date, if other than teffective date is listed, the date must	
CLE V: Effective date, if other than teffective date is listed, the date must 0 days after the date of filing.)	
CLE V: Effective date, if other than teffective date is listed, the date must	
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days Loxan
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with of this document continued)	

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)