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(R	Requestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
8)	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: APEX REALTY SERVICES, "LLC" (Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MARVINS POWERS Marria Portrerz					
APEX REALTY SERVITES, "LLC"					
• •					
430 FOOTMAN LW. (Address)					
MERRITT SLAND 71 32952 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Marin Porusa at (331) 406-1991  (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
S125.00 Filing Fee Status S155.00 Filing Fee Status S155.00 Filing Fee Status S					
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	Hyt~	メ ド	EAL.	/\/ \/	732 1/1	CES "	LLC"	
(Must	end with the	words "Lim	ited Liability	Company, "I	imited Comp	any" or their abb	reviation "LLC	" or "L.C")

#### **ARTICLE II - Address:**

**ARTICLE I - Name:** 

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:	Mailing Address:	
430 FOOTMAN LN. MERRITT ISLAND, FL	Same	
3295)		_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARVIN POWERS

Name

430 FootMAIV LN
Florida street address (P.O. Box NOT acceptable)

MERRI H ISLAMPL 32952

City, State, and Zip

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

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MARUIN POWERS 430 FOOTMAN EN. MERRITH ISLAND, Th. 32952
(Use attachment if necessary)  ARTICLE V. Effective date if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days prior
Man	r or an authorized representative of a member.
of this document consti- that the facts stated he	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)  W Powers  ped or printed name of signee
Filing Goos	₩ C

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)