## L0000052455

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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B. McKnight MAY 2 2 2008

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Realtime Property Documentation				
(Name of Limited Liability Company)				
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing	<b>z</b> .	
Please return all corresp	ondence concerning this matte	r to the following	t:	
Roosevelt	Mitchell			
(Name of Person)				
Realtime I	Property Documer	ntation		
(Firm/Company)				
2607 S.E. 156 pl rd				
(Address)				
Summerfield FL. 34491				
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
Roosevelt Mitchell at 352 347-4376				
(Name of Person)			(Area Code & Daytime Telephone Number)	
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fi Certified Copy (additional copy)	y	\$160.00 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	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporatio building secutive Center see, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Realtime Property Documentation LLC. (Must end with the words "Limited Liability Company, "Li	mitted Company? or their abbraviation "ITC" or "ITC"				
(wide old will the words Limited Limitity Company, Li	initial company of their aboveviation 1200, or 1700, )				
ARTICLE II - Address:					
The mailing address and street address of the	principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
2607 SE 156 pł rd	P.O.Box 1141				
Summerfield fl. 34491	Belleview fl. 34420				
business entity with an active Florida registration.)  The name and the Florida street address of the Roosevelt Mitchell	ngistered Agent. You must designate an individual or another  ne registered agent are:				
Name					
2607 SE 156 pl rd  Florida street address (P.O. Box NOT acceptable)					
Summerfield fl 34491 FL City, State, and Zip					
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.				

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Roosevelt Mitchell 2607 se 156 pl rd Summerfield fl. 34491 MGR Andrea L. Mitchell 2607 se 156 pl rd Summerfield fl. 34491 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated begin are true.)

that the facts stated herein are true.)

Roosevelt Mikehall

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Conv (Options)

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

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