

LU6000063492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

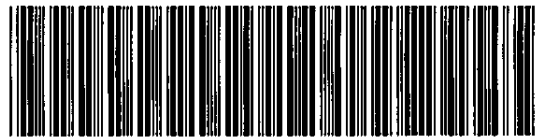
(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2006 JUN 22 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALIDATION ONLY

6/21/06 Evelyn

Requestor's Name
Address Atlantic
City State ZIP Phone

CORPORATION(S) NAME

Realty Plus L.L.C.

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger ☐ Foreign ☐ Dissolution ☐ Mark ☐ Limited Partnership ☐ Annual Report ☒ Other LLC ☐ Reinstatement ☐ Reservation ☐ Change of Registered Agent
- ☒ Certified Copy of Articles ☐ Photo Copies ☐ Certificate Under Seal
- ☐ Call When Ready ☐ Call If Problem ☐ After 4:30 ☒ Walk In ☐ Will Wait ☒ Pick Up ☐ Mail Out

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Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Realty Plus L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2460 SW 137 AVE #250
MIAMI, FL 33175

2460 SW 137 AVE #250
MIAMI, FL 33175

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:

ALFREDO PEREZ
Name

8401 SW 143 AVE

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33183

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)

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TALLAHASSEE, FLORIDA

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MGRM

Alfredo Perez
8401 SW 143 Ave
Miami, FL 33183

Robert A. Perez
8401 SW 143 Ave
Miami, FL 33183

(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 herein are true.)

Alfredo Perez

Typed or printed name of signee

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)