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(Re	equestor's Name)	
(Ad	dr es s)	
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(Cit	ty/State/Zip/Phone	·#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	nė)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SURJECT: R&V R	eal Estate Investr	nents, LLC	
		l Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
James Wi	lliams		
	(Name of Person)	· · ·
American	Business Develo		
	(Firm/Company)	
2906 La Mesa Dr.			766
		(Address)	
Henders	on, NV 89014		26
	(City	State and Zip Code)	
For further information of	concerning this matter, please	call:	SEP 26 PM 12: 15
Jim Williams		at (866) 249-24	72
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		_
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3903 23rd Street W. Lehigh Acres, FL 33972	3903 23rd Street W. Lehigh Acres, FL 33972
The name and the Florida street address o Veronica A. Smith	of the registered agent are:
3903 23rd Street \	
Lehigh Acres,	reet address (P.O. Box <u>NQT</u> acceptable) FL 33972 State, and Zip
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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		
WOKW — Managing Memoci	•0	
MGRM	Veronica A. Smith	
	3903 23rd Street W.	
	Lehigh Acres, FL 33972	
MGRM	Robert L. Smith	
355	3903 23rd Street W.	
	Lehigh Acres, FL 33972	
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(Use attachment if necessary)		
	the date of filing: (OPTIONA)	ΓN
CLE V: Effective date, if other than		
CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing:, (OPTIONAL st be specific and cannot be more than five business days	
CLE V: Effective date, if other than effective date is listed, the date mu		
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CLE V: Effective date, if other than effective date is listed, the date mu		
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)		
CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.) REQUIRED SIGNATURE:		
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business days	
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) REQUIRED SIGNATURE:		
CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.) REQUIRED SIGNATURE: X Signature of a me	st be specific and cannot be more than five business days	

Veronica A. Smith

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)