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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: In Touch Real Es	tate L.L.C.						
30D3ECT	Name of Limited	Liability Comp	any)			-	
The enclosed Articles of Organization	and fee(s) are sul	omitted for filin	g.				
Please return all correspondence conce	rning this matter	to the following	g:				
D'Anne KinCannon							-
	(17	ame of Person)		•	*	, i.	
In Touch Real Estate	L.L.C.						_
	(F	irm/Company)	*-	, war of	50	0	,
1425 Fairview Circl	e				SECRE	7 JAI	34.3S
		(Address)			AS TA		rai Lai
Reunion, Florida 34	747				338 30 A8	PH	g⇒
	(Cîty/S	State and Zip Coo	ie)		10.11 11.5		7
For further information concerning thi	s matter, please c	all:			ALE ALE	0 1	
D'Anne KinCannon		407	, 709-214	4			
(Name of Person)		(Area Co	709-214 de & Daytime Te	elephone Nu	nber)		
Enclosed is a check for the following	ng amount:						
\$125.00 Filing Fee \$130.00 Certificate	Filing Fee & of Status	\$155.00 I Certified Cop (additional copy		S160 Certifica Certifie (additiona	d Copy	atus &	ļ.
P.O. Box 6	Section Corporations	Registra Division Clifton 2661 Ex	Courier Addrestion Section of Corporation 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:

In Touch Real Estate L.L.C.			
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation	n "LLC," or "L.C.,")
· ·			
ARTICLE II - Address:			
	ed the second of the	'	
The mailing address and street address	of the principal office of the Limi	ited Liability Co	ompany is:
Principal Office Address:	Mailing Address:		
		•	**
1425 Fairview Circle	1425 Fairview Circle		
Reunion, Florida 34747		* 7.	- , ; -,
neurion, Florida 34747	Reunion, Florida 34747		
		.4.4. 4.4.	
	Sea &	नक रेंग्स	

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 a	re: Žç o
D'Anne KinCannon	7 J
Name	HAS T
1425 Fairview Circle	SSEE P
Florida street address (P.O. Box NO	[acceptable)
Reunion, FL 34747	
City, State, and Zip	Since O

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:

MGRM	D'Anne KinCannon
	1425 Fairview Circle
	Reunion,Florida 34747
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	and the second s
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	ARE A
(Use attachment if necessary)	

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.)

D'Anne KinCannon

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)