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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)·
		
(Do	ocument Number)	
Certified Copies	Certificates	of Statue
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Casal Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	
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	Office Use Only	



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01/31/07--01023--014 **160.00

EFFECTIVE DATE

COVER LETTER

Division of Co			
SUBJECT:	Name of Limited	Lic Real a	Estate Broker, Ll
The enclosed Articles of	f Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
5	ANDRA L. HI	1 ANSON	
SAN	my HANSON	Name of Person) Lic Real Esta Firm/Company)	Le Broken Dr. 47-1X FL 33154
	9655 E.	Bay Harbon	Dr. # 71-1X
		(Address)	
,	Bay Hour bo	r Islands,	FL 33154
	(City/	State and Zip Code)	
	concerning this matter, please		
SANDIA A	ANSON	at (305) S65 (Area Code & Daytime T	-5463
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		AN
\$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 & T Certified Copy of (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 Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANDY HANSON LIC Real EState Broker LC
(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 is:

Principal Office Address:

Mailing Address:

Principal Office Address:	Mailing Address:
9655 E. Bay Harbor Dr.	9655 E. Bay Harbor Dr.
Bong Horbor Islands, FL 33154	Bay Harbor Islands, FL
33154	33154
Name	tered Agent. You must designate an individual or another
Florida street ad	dress (P.O. Box NOT acceptable)
Bay Farker Ist	14 23/2/ Bu 2

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

EFFECTIVE DATE 2-1-07

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" = Manage "MGRM" = Mana	
HGR	SAMPRA L. HANSON 9655 E. Bon Harbon Pr. 47- Bay Harbon Islands, Fl. 73154
(Use attachment	
ARTICLE V: Effective (If an effective date is lis to or 90 days after the d	date, if other than the date of filing: 2/01/07. (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior ate of filing.)
REQUIRED SI	O7 SEC
	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

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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

Page 2 of 2

UNA L. HANSON
Typed or printed name of signee