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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TOTAL REAL ESTATE SOLUTIONS - KISSIMMEE LL (Name of Limited Liability Company)	ـد			
(Name of Elimica Diability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
$0 \rightarrow 0 = 0$				
RICHARD J BUTLER (Name of Person)				
(Name of Person)				
RON INTERNATIONAL MENT INC (Firm/Company)				
(Firm/Company)				
1970 E. OSCEOLA PORKWAY #301				
(Address) $\frac{1}{2}$;			
For further information concerning this matter, please call:) ;			
KISSIMMEE, FL 34743 (City/State and Zip Code)				
(City/State and Zip Code)	11			
	3C			
For further information concerning this matter, please call:	ڼ. خ			
7 10 10 10 10 10 10 10 10 10 10 10 10 10	7			
(Name of Person) at (457) 362 - 7999 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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 Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	
Tot. 050 50-50	
TOTAL KEAL FRALE 20	LUTIONS - KISSIM MEE LLC
(Must end with the words "Limited Liability Con	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
i fincipal Office Address.	<u>Maning Address:</u>

ARTICLE I - Name:

The name of the Limited Liability Company is:

4926 W. IRLO BRONSON HIGHLAN	1970 E. OSCEDLA PARKWAY
KISSIMMER	#301
FL 34746	KISSIMMEE FL 34743
ARTICLE III - Registered Agent, Registere	d 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:

| 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:
| Company Comp

KISSIMMEE FL 34743
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)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MCR

RICHARD J BUTLER

TO3 COMMENTIANT AVE

ST CLOW) FL 34769

MCR

MCR

NICEL WORDON

MUSSIMMEE FL 34769

MCR

TIM YANDELL

231 SEAVIEW ST NO

MELIGURAN GRACH FL 32951

(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.)

RICHADS T BUILED

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)