

L07000055191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400102967764

05/22/07--01038--013 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY 23 AM 11:13

**Corporate direct** /  
Creating Your Financial Future.®

2248 Meridian Boulevard, Suite H  
Minden, Nevada 89423

775-782-2201 - Main  
877-683-9343 - Main -Toll Free  
775-328-1090 - FAX  
775-284-7165 - Darla Direct

May 16, 2007

Florida Secretary of State  
Registration Section  
Division of Corporations Division of Corporations  
409 E. Gaines Street P.O. Box 6327  
Tallahassee, Florida 32399 Tallahassee, Florida 32314


Re: Comprehensive View Real Estate, LLC

Dear Clerk:

Enclosed for filing please find the Articles of Organization for the above-referenced entity along with our check in the amount of \$125 for filing fees. Once filed, please return to me in the envelope that has been provided.

Thank you for your assistance with this filing. Should you have any questions, please don't hesitate to contact me at the number above.

Sincerely,



Darla Shields,  
Account Representative

/ds  
Encl.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 29 AM 11:13

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comprehensive View Real Estate, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darla Shields  
(Name of Person)

Corporate Direct, Inc.  
(Firm/Company)

2248 Meridian Boulevard, Suite H  
(Address)

Minden, Nevada 89423  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darla Shields at ( 775 ) 824-0300  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY 23 AM 11:13

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Comprehensive View Real Estate, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

P.O. Box 2869

P.O. Box 2869

60 East Simpson Avenue

60 East Simpson Avenue

Jackson, Wyoming 83001

Jackson, Wyoming 83001

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Gerri Detweiler

Name

1037 Greystone Lane

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

Sarasota FLORIDA 34232

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY 23 AM 11:13

*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, Florida Statutes..*

  
Registered Agent's Signature

**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

Integrity One Real Estate, LLC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

*Darla Shields, Organizer*  
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.)

*Darla Shields Organizer*  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY 23 AM 11:13

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)