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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Real Estate Options, 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:	
Debbie Jackson (Name of Person)	
Real Estate Options LLC (Firm/Company)	DIVIS
Fort Myers FL. 33913 (City/State and Zip Code)	CRETARY CRETAR
Fort Myers FL. 33913 (City/State and Zip Code)	OF STATE
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For further information concerning this matter, please call:	
Debb: e Jackson at (239) 225-000 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status Status Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations Division of Corporations	

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Real Estate Options (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC." or "L.C")	
(a company of all accretions also, or allow,	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
Hoza m:11 Creek Way #2805 Fort myers. FL: 33 913	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another	DIVISION OF CO
Joseph R. C.	ree	24
11026 M:11 Creek Florida street add	ress (P.O. Box NOT acceptable)	RATIONS 2: 43
Fort my ens City, State, as	FL 33913 nd Zip	
Having been named as registered agent and to a liability company at the place destignated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature.	his certificate, I hereby accept the appointme v. I further agree to comply with the provision rformance of my duties, and I am familiar w stered agent as provided for in Chapter 608,	ent as ons of all ith and

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Mar The name and address of each Mana	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Joseph R. Cree 11026 M:11 Creek Way #2805 Fort Myers FL. 33913
MGRM	Debbie Jackson 11026 m:11 Creekway #2805 Fort myers, FL. 33913
	
(Use attachment if necessary)	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must look days after the date of filing.)	be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a ment	per or an authorized representative of a member.
(In accordance with s of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Josef	yped 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)