1070000 72609

(R	equestor's Name)	
(A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
`		H
	Office Use Only	



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07/12/07--01008--008 **125.00



COVER LETTER

Division of Co				
_{SUBJECT:} C's Rea	al Estate Solutions, L	LC		
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Clare Cola	marino			
	(Name of Person)		
C's Real E	state Solutions, LLC	:		
		(Firm/Company)		
878 Bench	wood Drive			
		(Address)		0
Winter Sp	rings, FL 32708		五名	الا 1ر
-	(City	/State and Zip Code)		一門
For further information	concerning this matter, please	call:	NSSFE.	FILED AH ID: 28
Clare Colamarino		at , 407 , 699-432	8	0: 28 0: 28
(Name	of Person)	(Area Code & Daytime T	elephone Number)	夏州 00
Enclosed is a check for	or the following amount:			
✓ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

S:
ited Company" or their abbreviation "LLC," or "L.C.,")
principal office of the Limited Liability Company is:
Mailing Address:
878 Benchwood Drive
Winter Springs, FL 32708
ed Office, & Registered Agent's Signature: pistered Agent. You must designate an individual or another to the registered agent are: de registered agent are: de ddress (P.O. Box NOT acceptable) FL s, 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 (REOUIRED)

(CONTINUED) Page 1 of 2

	Title:		Name and Address:	
	"MGR" = Manager			
	"MGRM" = Managir	ng Member		
	MGR		Clare Colamarino	
			878 Benchwood Drive	
			Winter Springs, FL 32708	
				
				
				
				_
	(Use attachment if n	ecessary)		700 J
			0.00	EG
ARTIC	CLE V: Effective date	e, if other than the da	tte of filing: (OP)	IONAL)
to or 9	Hecuve date is listed. I days after the date:	, uie gate must be s of filing)	nte of filing: (OPT pecific and cannot be more than five busine	as days prior
10 01 >1	days are: the tale	01 1m116.)		TO O
				95 2
	REQUIRED SIGN	ATURE:		
				•
	/	lan Colam		
	<u>C</u> Sis	anature of a member of	or an authorized representative of a member.	
	of	this document constitut	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	
		that the facts stated here	•	
		(Marc Col	amarino d or printed name of signee	
		$\frac{C_1 \cdot C_1 \cdot C_2}{C_1 \cdot C_2 \cdot C_2}$	CHICK 1.10	

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)

ARTICLE IV- Manager(s) or Managing Member(s):