# L07000/039/0

(Requestor's Name)		
(Address)		
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(Ci	ty/State/Zip/Phone #	<i>‡</i> )
-PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Name	·)
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Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
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	Office Use Only	



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Effective Date 09/25/07

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SECRETARY OF STATE DIVISION OF COMPORATIONS

2 July 17

T Hammton COT 1 0 2007

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: TOPLYING for LLC			
(Name of Resulting Florida Limited Company)			
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.			
Please return all correspondence concerning this matter to:			
Contact Person)  Big 'C's Reality  (Firm/Company)  Ab 32 antietem to 1.  (Address)  Thu. Fl. 3231 2.  (City. State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (850) 510 - 5917 (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\sum{\$150.00 Filing Fees} & \$185.00 Filing Fees and Certified Copy & \$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2007

ADEBUSOLA CORDOVA 2652 ANNETAM TRL TALLAHASSEE, FL 32312

SUBJECT: BIG C'S REALITY Ref. Number: W07000048947

We have received your document for BIG C'S REALITY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company mustend with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 207A00057815

## Effective Date 09/25/07

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company	is:
Dia C'S	s Reality L. R.C
(Must end with the words "Limited Liability Company," the "LLC.")	abbreviation "L.L.C.," or the designation
ARTICLE II - Address:	
The mailing address and street address of the Liability Company is:	principal office of the Limited
Principal Office Address:	Mailing Address:
2650 Onhefant til	SAME:
ARTICLE III - Registered Agent, Register	red Office & Registered Agent's
Signature:	
(The Limited Liability Company cannot serve as its own Re individual or another business entity with an active Florida registration.)	gistered Agent. You must designate an
The name and the Florida street address of the	e registered agent are:
Adlbusola	Coidoua MGRM
OL 50	one ton til.
Plorida street address (P	O D NOT
	O. Box NOT acceptable)
TALL	
	FL 32312 tate, 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 fegistered agent as provided for in

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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### 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" = Manager "MGRM" = Managing Member	Name and Address:
NP :	-tmina Cordova MGR
President	Benjamine Cordous MGR
CEOlowne-	Adebusola Cordova MGRM
vol president Trustee	Olunfumilay Adejokun MGC
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the date (OPTIONAL) (If an effective date is listed, the date must be s business days prior to or 90 days after the date of	pecific and cannot be more than five
REQUIRED SIGNATURE:	ndon.
Signature of a member of an author	ized representative of a member.
(In accordance with section 608.408( of this document constitutes an affirm that the facts stated	ation under the penalties of perjury
\ \	usola Cordon.
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)

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