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(Re	equestor's Name)	
(Ac	ldress)	
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(Cii	ty/State/Zip/Phone	<i>>#</i> }
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Stephen DiNicolantonio 551 Golf Links Ln. Longboat Key, FL 34228 941-906-8554

October 10, 2007

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed are Articles of organization for US Prelisting Specialists, LLC

If you have any questions, please contact the under signed.

Sincerely

Steve DiNicolantonio

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CIS PRELISTING SPE (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
LUNGBOATKEY, FL34228	LUNGBAT KEY, FC 34225
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Stelhow A Di	Nicula Non10
551 GOLF LIA Florida street address	ess (P.O. Box <u>NOT</u> acceptable)
LONGBIAT Kty City, Statel an	

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..

(CONTINUED) Page 1 of 2

Stered Agent's Signature (REQUIRED)

DIVISION OF CURPURATIONS

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

The name and address of each Manager or Managing Member is as follows:

MGR	Stephen AI DINICOLANTONI 551 GOLF LINES LA LANGBORT ICTY, FL 3422X
MGR	BARBAA FARRELL 517 CIRCUIDOUD DR VENICE FL 342537031
· ·	
(Use attachment if necessary)	

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.)

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)