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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	ation Section n of Corporations				
SUBJECT: RO	eal Estate Consultan	t Services. Ll	_C.		
	·	mited Liability Comp			
The enclosed Ar	ticles of Organization and fee(s) a	are submitted for filing	g.		
Please return all	correspondence concerning this n	natter to the following	ζ:		
	Michel	lle R. Berkhei	mer		
•		(Name of Person)			
		(Firm/Company)			·
	1916 S. Co	onway Road	#12		20 %
		(Address)			E 2 1
	Orland	o, Florida 328	312		
	(City/State and Zip Code	e)		HO M
For further inform	mation concerning this matter, ple	ease call:			OT NOV -1 AM 8: 56
Michelle R	. Berkheimer	at (_407	697-882	27	
	(Name of Person)	(Area Cod	e & Daytime Te	elephone Number)	
Enclosed is a cl	neck for the following amount:				
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &
·	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Registrat ns Division Clifton E 2661 Exc	ourier Addression Section of Corporation Building ecutive Center see, FL 32301	ns	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2007

MICHELLE R. BERKHEIMER 1916 S. CONWAY ROAD #12 ORLANDO, FL 32812

SUBJECT: REAL ESTATE CONSULTANT SERVICES, LLC

Ref. Number: W07000051515

We have received your document for REAL ESTATE CONSULTANT SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s)

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 16, 2007. Please amend your document accordingly.

Please return 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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 007A00061150

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Real Estate Consultant Services, LLC.					
(Must end with the words "Limited	Liability Company, "L.L.C.," or "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:				
1916 S. Conway Road #12	1916 S. Conway Road #12				
Orlando, Florida 32812	Orlando, Florida 32812				
The name and the Florida street address of Michelle R. Berk	heimer 8: 58				
1916 S. Conway Florida stre	eet address (P.O. Box NOT acceptable)				
	eet address (P.O. Box <u>NOT</u> acceptable)				
Florida stro Orlando, Florida	eet address (P.O. Box <u>NOT</u> acceptable)				

(CONTINUED)
Page 1 of 2

- a 1

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:
MGR	Michelle R. Berkheimer
	1916 S. Conway Road #12
	····
,	
(Use attachment if necessary)	Mov. 2,2007
LE V: Effective date, if other than the	date of filing:

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Michelle R. Berkheimer

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)

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