

L07000115706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

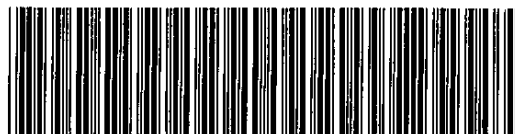
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY  
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**Law Office of  
Jamie B. Greusel, Esquire**

1104 North Collier Boulevard  
Marco Island, FL 34145  
239-394-8111

Jamie B. Greusel  
Licensed in FL and NJ

November 9, 2007

Department of State  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida

Re: 847 Realty Investments, LLC

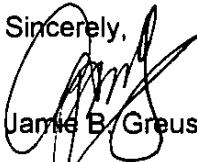
Gentlemen/Ladies:

Enclosed please find:

1. Two original Articles of Organization for 847 Realty Investments, LLC;
2. Check in the amount of \$155.00 for the filing fee and certified copy.

Kindly file.

Sincerely,



Jamie B. Greusel, Esq.

JBG/rs  
Enclosure

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

847 Realty Investments, 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:

847 N. Collier Blvd.

Marco Island, FL. 34145

#### Mailing Address:

P.O. Box 55

Marco Island, FL. 34146

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jamie B. Greusel

Name

1104 N. Collier Blvd.

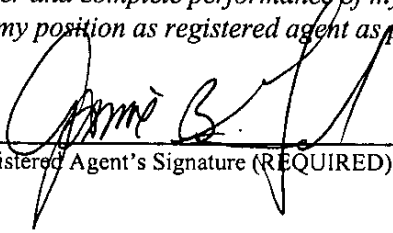
Florida street address (P.O. Box **NOT** acceptable)

Marco Island,

FL

City, State, 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 (REQUIRED)

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DIVISION OF CORPORATE & CHARTERED BUSINESSES  
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Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Michael Vale

847 N. Collier Blvd.

Marco Island, FL. 34145

(Use attachment if necessary)

**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.)

Michael Vale

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)**