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SECRETARY OF STATE
TALLAHASSEF, FLORING

DB 12/21

TRANSMITTAL LETTER

_	ration Section on of Corporations				
SUBJECT:	SANDRA K		REALTOR, LLC ed Liability Company)		
The enclosed A	rticles of Organiza	tion and fee(s) are s	submitted for filing.		
Please return all	correspondence ec	oncerning this matte	er to the following:		
			. Buck, Accountant		
		Naples, F	unt fishrson) -L 34109		
				07 SEC TALL	
		(Firm/Company)	DEC 21 AM 10: 5 HETARY OF STATE AHASSEE, FLORID	
		<u> </u>	(Address)	7557	
	12 Vistor 10 M - G. Ludiabass			RIDA	
		(City/	(State and Zip Code)		
	-	this matter, please	call:		
	ert J. Buck, Ad Jaeger Rd.	countant	239 . 514-	4244	
Naple	Syame 084400		at (239) 5/4- (Area Code & Daytime To	elephone Number)	
Enclosed is a cl	neck for the follo	wing amount:			
\$125.00 Filin	g Fee	00 Filing Fee & te of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	STREET ADDR		MAILING A		
	Registration Section Division of Corporations		Registration Section Division of Corporations		
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, Florida 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ed Liability Company	is:			
SANI	DRA K. BALLEW,	LLC			
ARTICLE II - Addre The mailing address a		e principal	office of the Lin	nited Liability Co	mpany is:
Principal Office Add	ress:	Mail	ing Address:		
9205 MUSEO CIF NAPLES, FL 34	1114	-	5 MUSEO CII LES, FL 34		<u>-</u>
ARTICLE III - Regis The name and the Flor	ida street address of th	ne registere	ed agent are:	Star Signatur Agent's Signatur ARY OF	07:0EC 21 6
	9205 MUSEO (D. Box NOT accepta	STATE CORIDA	5 0
_	NAPLES City, Sta	FL te, and Zip	34114	-	
liability company a registered agent and a statutes relating to th	s registered agent and the place designated gree to act in this capa on proper and complete ons of my position as reached agent agen	in this cert acity. I furt e performan egistered a	ificate, I hereby a her agree to com nce of my duties, a gent as provided BALLL	eccept the appointn ply with the provis and I am familiar t	nent as tions of all with and

(CONTINUED)

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	SANDRA K. BALLEW
	9205 MUSEO CIRCLE #372
	NAPLES, FLORIDA 34114
(Use attachment if necessary)	
NOTE: An additional article of	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
of this document	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury attended herein are true.)
Já,	UDRA K BALLEW AT TO
	Typed or printed name of signce
Filing Fees:	Organization and Designation
\$125.00 Filing Fee for Articles of of Registered Agent	8.7
\$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Optional Status (Optiona Status (Optiona Status (Optiona Status (Optiona Status (Optiona Status	