

Division of Corporations

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**L08000006141**

## Florida Department of State

Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088**FILED**  
08 JAN 17 AM 8:04  
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TALLAHASSEE FLORIDA**RECEIVED**  
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TALLAHASSEE FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Summit Realty Solutions LLC**

|                       |          |
|-----------------------|----------|
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Summit Realty Solutions 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:

5363 SW 89th Street

5363 SW 89th Street

Ocala, FL 34476

Ocala, FL 34476

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

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

Harry M. Samuels

Name

2901 Stirling Road - Suite 307

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Fort Lauderdale, FL 33312

(City / State / Zip)

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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 - Harry M. Samuels

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

H08000013772

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Lesli Luther - 5363 SW 89th Street, Ocala, FL 34476

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

**Lesli Luther**

Typed or printed name of signee

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