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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Effective Date 02/01/08

08 FEB -5 AMII: 05

SECRETARY OF STATE
DIVISION OF CORPORATIONS

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Connect Realty LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathryn Shibles (Name of Person)
Connect Realty LLC (Firm/Company)
9003 61St Aue E
Bradenton FL 34202 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (941) 266-4614 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Effective Date 02/01/08

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Connect Realty (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:
9003 61St Ave E. Bradenton, FL 34202	SAME
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Kathryn Shi	bles
1903 N. Por Florida street addr	ress (P.O. Box NOT acceptable)
<u>SATASOTA</u> City, State, ar	FL 34334 nd 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..

degistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Kathryn Shibles 1903 N. Pompano Ave Sarasota Fl 34234	
MGRM	Cyndi Kerr 1903 N. Pomparo Aue BARASOTA, FL 34234	
MGRM	John Capua 9003 6197 Ave E Bradenton, FL 34202	
****		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: 21/08. (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:		
	<i>a</i>	

Signature of Imember 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.)

Kathryn Shibles
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)

08 FEB -5 AMII: 05