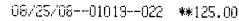
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(See Mary France)
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T. HAMPTON

AUG 2 6 2008

EXAMINER

COVER LETTER

TO:	TO: Registration Section Division of Corporations				
SUB.JE	CCT: MRB Real Estate Inv	vestments, LLC			
SUBJE		ted Liability Company)			
The end	closed Articles of Organization and fee(s) are	submitted for filing.			
Please 1	return all correspondence concerning this mat	tter to the following:			
	Patricia Touchstone				
-		(Name of Person)			
	Strategic Corp Services	Plus, Inc.			
•	(Firm/Company)				
1500 Avenue F Suite 3					
		(Address)			
_	Ely, NV 89301				
	(City/State and Zip Code)				
For furt	her information concerning this matter, pleas	e call:			
Patr	ricia Touchstone	at (866-310-7269			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:				
₹ \$125.0	00 Filing Fee \$\sum \\$130.00 Filing Fee &\text{Certificate of Status}\$	\$155,00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Con	mpany is:			
MRB Real Estate Invest	tments, LLC imited Liability Company, "L.L.C.," or "LL.C.")			
(Must end with the words 12	inned Liability Company, E.E.C., of Elec.)			
ARTICLE II - Address:				
The mailing address and street address	s of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6619 Bobby Lane	6619 Bobby Lane			
Milton, FL 32570	Milton, FL 32570			
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration	Registered Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or another in.)			
The name and the Florida street addre	ss of the registered agent are:			
Moliesa M	Rach			

ivielissa ivi. baci<u>i</u> Name

6619 Bobby Lane

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

Milton

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)

(CONTINUED) 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:	Name and Address:
"MGR" = Manager "MGRM" = Managi	g Member
"MGRM"	Melissa M. Bach
	6619 Bobby Lane
	Milton, FL 32570
(Use attachment if no	essary)
ICLE V: Effective date	f other than the date of filing: (OPTIONAL)
i effective date is listed, 90 days after the date o	he date must be specific and cannot be more than five business days prior filing.)
٠	
REQUIRED SIGNA	ΓURE:
Sig	ture of a member of an authorized representative of a member.
(In of t	ecordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
<u>N</u>	elissa M. Bach
	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)