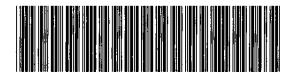
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SECURIARY OF STATE

C. LEWIS

DEC 1.22008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Brevard Real Estate Services, LLC (Name of Limited Liability Company)
The encl	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Reva A Harris (Name of Person)
_	(Name of Person)
_	Brevard Real Estate Services, LLC. (Firm/Company)
	413 S. Palm Ave (Address)
	(Address)
_	TITUSVILLE, FL 32796 (City/State and Zip Code)
	(City/State and Zip Code)
For furth	ner information concerning this matter, please call:
	Reva Harris at (407) 376-8859 (Name of Person) at (407) (Area Code & Daytime Telephone Number)
Enclose	d is a check for the following amount:
2 \$125.0	0 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & 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

FILED

2008 DEC 11 AH 11: 09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY (COMPANY TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is:								
Brevard Real	Fistate	Servicies	11.0					
(Must end with the words "Li								

ARTICLE I - Name:

(Mu	st end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add		principal office of the Limited Liability Company is:
Principal Office A	<u>ddress:</u>	Mailing Address:
413 S. Pa Titusville	1m Ave 7, FL 32796	413 S. Palm Ave Titusville, FL 32796
(The Limited Liability Co		ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the F	lorida street address of the	e registered agent are:
	Reva A.	Harris
	Nan	ne
	51 E Bro	oad St.
	Florida street a	address (P.O. Box NOT acceptable)
	Titusville	2 FL 32796 e, and Zip
	City, State	e, and Zip
liability compar registered agent ar statutes relating t	ny at the place designated in ad agree to act in this capac o the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

EII ED

ARTICLE IV- Manager(s) or Ma	naging Member(s):	ILLU	
The name and address of each Mana	IV- Manager(s) or Managing Member(s): nd address of each Manager or Managing Member is as follo		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MGR	Reva A. Ho 51 E. Broad S Titusville, F	(rris 5t. 2 32796	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:	(a) Harris		

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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)