

L09000021345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

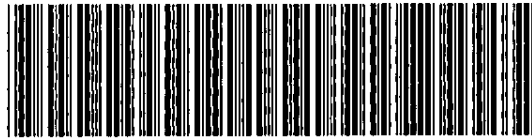
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. TREASURY & STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR - 4 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

S. Florida Real Estate
Marketing, LLC.

Thank you!
☺

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

___ Art of Inc. File _____

___ LTD Partnership File _____

___ Foreign Corp. File _____

✓ ___ L.C. File _____

___ Fictitious Name File _____

___ Trade/Service Mark _____

___ Merger File _____

___ Art. of Amend. File _____

___ RA Resignation _____

___ Dissolution / Withdrawal _____

___ Annual Report / Reinstatement _____

___ Cert. Copy _____

✓ ___ Photo Copy _____

___ Certificate of Good Standing _____

___ Certificate of Status _____

___ Certificate of Fictitious Name _____

___ Corp Record Search _____

___ Officer Search _____

___ Fictitious Search _____

___ Fictitious Owner Search _____

___ Vehicle Search _____

___ Driving Record _____

___ UCC 1 or 3 File _____

___ UCC 11 Search _____

___ UCC 11 Retrieval _____

Courier

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S. Florida Real Estate Marketing, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2805 Oakland Park Boulevard
PMB 375
Fort Lauderdale, FL 33306

Mailing Address:

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael H. Hirsch

Name

650 SE Third Avenue

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

Fort Lauderdale FL 33301

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

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TALLAHASSEE, FLORIDA

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:

MGRM

Michael Matrejek

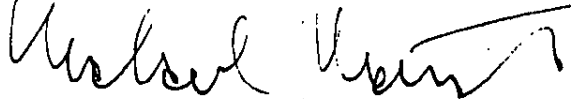
2805 Oakland Park Boulevard, PMB 375

Fort Lauderdale, FL 33306

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:



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 that the facts stated herein are true.)

Michael Matrejek

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)