## L09000028449

(R	Requestor's Name)
(A	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

MAR 24 2009

**EXAMINER** 

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: US Real Property Invest	tment Group LLC
50101		ted Liability Company)
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	tter to the following:
	Pamela O Mager	
		(Name of Person)
	US Real Property Investme	nt Group LLC
		(Firm/Company)
	1000 SE 2nd Street, Unit 4	
		(Address)
	Fort Lauderdale, Florida 33	3301
	(Ci	ty/State and Zip Code)
For fur	ther information concerning this matter, pleas	ee call:
Pam	nela O Mager	at (810 ) 810-4602
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
<b>□</b> \$125.	.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
The lamb of the Emilion Emerity company to	
US Real Property Investment Grou	ID LLC
(Must end with the words "Limited Liabil	<del></del>
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
US Real Property Investment Group LLC	US Real Property Investment Group LLC
1000 SE 2nd Street, Unit 4	1000 SE 2nd Street, Unit 4
Fort Lauderdale, Florida 33301	Fort Lauderdale, Florida 33301
Pamela O Mager Name  1000 SE 2nd Street,	Unit 4 dress (P.O. Box NOT acceptable)
Fort Lauderdale, Flo	
Having been named as registered agent and to liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing M	fember
1110101	
MGRM	Pamela O Mager
	1000 SE 2nd Street, Unit 4
	Fort Lauderdale, Florida 33301
MGRM	Thomas J Watson
	8391NW 21st Street
	Sunrise, Florida 33322
MGRM	Charles J Kedl
	11553 NW 6th Court
	Coral Springs, Florida 33071
(Use attachment if necess	sary)
ffective date is listed, the	other than the date of filing: (OPTION date must be specific and cannot be more than five business date
LE V: Effective date, if o	other than the date of filing: (OPTION date must be specific and cannot be more than five business daing.)
LE V: Effective date, if offective date is listed, the days after the date of fill REQUIRED SIGNATU	other than the date of filing: (OPTION date must be specific and cannot be more than five business daing.)
LE V: Effective date, if offective date is listed, the days after the date of fill REQUIRED SIGNATU  Signatu  (In accoof this d	other than the date of filing: (OPTION date must be specific and cannot be more than five business dating.)  ORE:
LE V: Effective date, if offective date is listed, the days after the date of file  REQUIRED SIGNATU  Signatu  (In accoof this details that the	ther than the date of filing: (OPTION date must be specific and cannot be more than five business dating.)  RE:
LE V: Effective date, if offective date is listed, the days after the date of file  REQUIRED SIGNATU  Signatu  (In accoof this details that the	ther than the date of filing:
LE V: Effective date, if offective date is listed, the days after the date of fill REQUIRED SIGNATU  Signatu  (In accoof this data that the Parm	ther than the date of filing:
LE V: Effective date, if offective date is listed, the days after the date of file  REQUIRED SIGNATU  Signatu  (In accoof this detay that the date of	ther than the date of filing:
LE V: Effective date, if of fective date is listed, the days after the date of fill REQUIRED SIGNATU  Signatu  (In accoof this data that the Parmers)	ther than the date of filing:

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