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

Special Instructions to Filing Officer:
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SECRETARY OF STATE

S. HAWKES

MAR 2 5 2009

EXAMINER

COVER LETTER

TO:	Registration Se Division of Co			
SUBJ	_{FCT:} Innova	tive Realty Referr	als	
3020			ed Liability Compa	ny)
The en	closed Articles of	Organization and fee(s) are	submitted for filing	; ,
Please	return all correspo	ondence concerning this mat	ter to the following	:
	Stephanie	Lighter		
			(Name of Person)	
	Innovative	Realty Referrals		
			(Firm/Company)	
	433 Plaza	Real, Suite 275		
			(Address)	
	Boca Rato	n, Fl 33432		
		(Ci	ty/State and Zip Code)
For fu	rther information c	oncerning this matter, pleas	e call:	
Kha	ra Paglia		_ _{at (} _561	962-4132
	(Name	of Person)		& Daytime Telephone Number)
Enclo	sed is a check fo	the following amount:		
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop (additional copy	Oy Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exe	urier Address on Section of Corporations uilding cutive Center Circle ce. FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Innovative Realty Referrals, LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

		
433 Plaza Real	433 Plaza Real	
Suite 275	Suite 275	
Boca Raton, FL 33432	Boca Raton, FL 33432	

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:

Stephanie Lighter
Name
433 Plaza Real, Suite 275
Florida street address (P.O. Box NOT acceptable
Boca Raton, FL 33432 _L
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 (REQVIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	nber
MGRM	Khara Paglia
	433 Plaza Real, Suite 275
	Boca Raton, FL 33432
MGRM	Josh Katz
	433 Plaza Real, Suite 275
	Boca Raton, FL 33432
	(6.5°) (3.5°)
	
(Use attachment if necessary	v)
(Osc attachment if necessar	<i>y)</i>
LE V: Effective date, if other	er than the date of filing: (OPTIONAL)
	te must be specific and cannot be more than five business days
days after the date of filing	•
REQUIRED SIGNATURE	E:
Sta	Louis Lite
Signature	of a member or an authorized representative of a member.
Signature (

Stephanie Lighter

that the facts stated herein are true.)

Typed or printed name of signce

of this document constitutes an affirmation under the penalties of perjury

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)