109000042359

| (Req | juestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | Iress) | |
| (Add | lress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | <u> </u> |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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| | | |
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Office Use Only



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Effective Date 05/29/09

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O9 APR 30 PM 3: 56
SECRETARY OF STATE
ALL APASSEE FLORIDA

J. BRYAN

MAY - 1 2009

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|-------------|---|---|--|--|--------------------|-------|
| SUBJI | GCT: Apartments Finder Made E | asy | | | | |
| 30001 | (Name of Limited L | | any) | | _ | |
| The en | closed Articles of Organization and fee(s) are subr | mitted for filin | g. | | | |
| Please | return all correspondence concerning this matter to | o the following | g: | | | |
| | Sawsan Alrumaneh | | | | | |
| | (Nar | me of Person) | | ĬĀ | S 00 | |
| | Apartments Finder Made Easy | / | | L A | ECRI | -4 |
| | (Fin | m/Company) | | P | 77.23 17.28 | Ī |
| | 8012 Fawnridge Circle | | | ٠ ٢ | OG APR 30 PM 3: 51 | マートトラ |
| | | (Address) | | | بن الم | , (|
| | Tampa, FL 33610 | | | | REFE OF | 0 |
| | (City/Sta | ate and Zip Cod | e) | • | | |
| For fur | ther information concerning this matter, please cal | 11: | | | | |
| Saw | san Alrumaneh | ₍ 813 | , 335-074 | 10 | | |
| | (Name of Person) | (Area Coo | le & Daytime Te | lephone Number) | _ | |
| Enclos | sed is a check for the following amount: | | | | | |
| □\$125. | 00 Filing Fee □\$130.00 Filing Fee & ✓ Certificate of Status | \$155.00 Filin Certified Co (additional cop | ру | \$160.00 Filing Certificate of S Certified Copy (additional copy) | Status & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrat Division Clifton E 2661 Ex | ourier Addression Section of Corporation Building ecutive Center see, FL 32301 | ns | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | |
|--|-------------------------|---------------------|-------------------|-----|
| The name of the Limited Liability Company is: | | 7 | (A C) | |
| | | Ē | 09 A | |
| Apartments Finder Made Easy, LLC | | Ä A | APR 30 CRETAR) | 1 |
| (Must end with the words "Limited Liability | y Company, "L.L.C.," or | "LLC.") | 30 | - |
| ARTICLE II - Address: | | ŢŢ. | 유 교 | m |
| | ncipal office of the | Limited Liability (| | |
| The mailing address and street address of the prin | • | Ž | <u>≥</u> 5 | |
| Principal Office Address: | Mailing Address: |) A | rn 01 | |
| 8012 Fawnridge Circle | 8012 Fawnridge Circle | | | |
| Tampa, FL 33610 | Tampa, FL 33610 | | | |
| | | | | |
| ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | | | other | 109 |
| The name and the Florida street address of the re | gistered agent are: | | , | í |
| Sawsan Alrumaneh | | | | |
| Name | | | | |
| 8012 Fawnridge Circl | е | | | |
| Florida street addr | ess (P.O. Box NOT acc | ceptable) | | |
| Tampa, FL 33610 | FL | | | |
| City, State, an | d 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:

| IGR | Sawsan Alrumaneh | CRE |
|------------------------------|-----------------------|--|
| | 8012 Fawnridge Circle | <i>(i</i> , <i>i</i> , |
| | Tampa, FL 33610 | <u> </u> |
| | | |
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| Use attachment if necessary) | | |
| ose attachment if necessary) | | |

REQUIRED SIGNATURE:

Sauta Al Numer 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.)

Sawsan Alrumaneh

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)