# L090000 50641

(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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800156258438

05/22/09--01024--019 \*\*155.00

Effective Date 05/30/09

09 MAY 22 AM II: 10

T. HAMPTON

MAY 2 6 2009

EXAMINER

### **COVER LETTER**

	ation Section n of Corporations
SUBJECT: _	Real Energy Specialist LLC
	(Name of Limited Liability Company)
The enclosed	ticles of Organization and fee(s) are submitted for filing.
Please return a	correspondence concerning this matter to the following:
<del></del>	PAYTON JEWNINGS STANDER  (Name of Person)  Leal Energy Specialist CLC  (Firm/Company)
	(Name of Person)
	KeAl Energy Specialist CLC
	8117 SANCHARY DR 2 (Address)
	NAPLES FL 34104
	(City/State and Zip Code)
For further info	nation concerning this matter, please call:
	(Name of Person) at ( 239 ) 738-2602)  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	neck for the following amount:
□ \$125.00 Fil	Spee \$\sum_\$\$130.00 Filing Fee & \$\sum_\$\$\$ \$\sum_\$\$\$ \$\sum_\$\$ \$\su
	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 Tallahassee, FL 32301

## Effective Date 05/30/09

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Com	pany is:
Real ENEN	egy Specialist LLC
(Must end with the words "Limited Liability Companion of the Companion of	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8177 SANCTUARY DR # 2 NAPLES, FL 34104	GAME
NAPUS, FL	
54104	
business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
	PAYTON Sumuell Name
	Name
8177 5	panetrally DR#2
	street address (P.O. Box NOT acceptable)
NAP.	le 5 FL 34//04/ v. State, and Zip
Ċit	y, State, and Zip
liability company at the place design	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED) Page 1 of 2 SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 22 AM II. 10

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Christie Summer 8177 SANCHARY DR Z NATIES, FL
(Use attachment if necessary)	
	ne date of filing: MAY 30 <sup>th</sup> 2009. (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a meml	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes 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)