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(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/S	State/Zip/Phone	: #)		
PICK-UP	WAIT .	MAIL		
(Busir	ness Entity Nam	ne)		
···· (Docu	ment Number)	;		
Certified Copies	Certificates	of Status		
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O9 JUL -6 PH 3: 5:

J. BRYAN

JUL -7 2009

EXAMINER

COVER LETTER

TO:		ion Section of Corporations		
SUBJI	ест: <u></u>	REND (Financial Real E	Estate Needs & Dev	velopment) LLC.
The en	closed Artic	eles of Organization and fee(s) are sul	bmitted for filing.	
Please	return all co	prespondence concerning this matter	to the following:	
			by Williams	
		FREND (Financial Real E	state Needs & Develop	oment) LLC.
		·		
		554 I	Harrison Ave	75 G
			Address	CR.
		Orange	Park, FL 32065	HAZE L
		·	State and Zip Code	
		rkjbm	n@yahoo.com	E.F.
-		E-mail address: (to be used for	future annual report notification)	95 5 .
For fur	ther informa	tion concerning this matter, please ca	all:	11 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
			· · · · · · · · · · · · · · · · · · ·	294-7171
	N	lame of Person	Area Code & Daytime Te	elephone Number
Enclos	ed is a chec	ck for the following amount:		
]\$125.	00 Filing F	Tee \$\square\$\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Li	mited Liability Co	mpany is:	
		1	
		state Needs & Developr	
ARTICLE II - Add The mailing address		s of the principal office of the I	Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
554 Harrison Ave Orange Park, FL (554 Harrison Ave Orange Park, FL	
The Limited Liability Corbusiness entity with an ac	mpany cannot serve as it ctive Florida registration	Registered Office, & Registere ts own Registered Agent. You must design.) ss of the registered agent are:	nate an individual or another
	Ke	arn N. X. Williams	JUL-6 CRETARY LAHASSI
		Name	-6 PH ARY OF SSEE. F
		54 Harrison Ave ddress (P.O. Box NOT acceptable)	
	Orange Park, F	 ·	FATE ORIO
-		City, State, and Zip	
liability compan registered agent an statutes relating to	y at the place disigned agree to act in the proper and contains of my position	ent and to accept service of procest gnated in this certificate, I hereby his capacity. I further agree to complete performance of my dutie on as registered agent as provide ent's Signature (REQUIRED)	y accept the appointment as omply with the provisions of ali s, and I am familiar with and

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Kearn N. X. Williams	
	554 Harrison Ave	
	Orange Park, FL 32065	
MGRM	Joy E. Williams	
	554 Harrison Ave	<u> </u>
	Orange Park, FL 32065	- 유유 트
		TARY OF
		F 61 3:
		ORITATE S
		<u> </u>
(Use attachment if necessary)		<u></u>
IF V. Effective data if other than th	ne date of filing: 7/1/2009	. (OPTIONAL)
	be specific and cannot be more than	
days after the date of filing.)		, p
REQUIRED SIGNATURE:		
V I	A	
Kewn N.	f. and	
Signature of a mem.	ber or an authorized representative of a mo	ember.
of this document cor	section 608.408(3), Florida Statutes, the execunstitutes an affirmation under the penalties of	
that the facts stated h	iciciii are true.	
that the facts stated h	Kearn N. X. Williams	

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)