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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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SEGRETARY OF STATE IVISION OF CORPORATION

T. HAMPTON

()CT 1 4 2009

EXAMINER

COVER LETTER,

Registration Section

TO:

Division	of Corporations	
SUBJECT:	Let's Get Re	eal Realty, LLC
	(Name of Limite	d Liability Company)
The enclosed Arti	icles of Organization and fee(s) are s	submitted for filing.
Please return all c	orrespondence concerning this matte	er to the following:
	J	im Hester
	(Name of Person)
	Let's Get	Real Realty, LLC
		(Firm/Company)
	9024	Bay Street NE
		(Address)
	St. Pete	ersburg, FL 33702
	(City	//State and Zip Code)
For further inform	nation concerning this matter, please	call:
	Jim Hester	at (727) 216-9600 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:	
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	✓\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Let's Get Real	Realty, LLC iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9024 Bay Street NE St. Petersburg, FL 33702	9024 Bay Street NE St. Petersburg, FL 33702
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
Jim H	lester
Na	me
	Street NE
Florida street	address (P.O. Box NOT acceptable)
	ırg, _{FL} 33702
City, Sta	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered pagent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
JIVISION OF CORPORATIONS

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

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

"MGR" = Manager "MGRM" = Managing	Name and Address: Member	
MGRM	Jim Hester	
	9024 Bay Street NE	
	St. Petersburg, FL 33702	
		
		
	The second secon	
(Use attachment if nece	ssary)	
CLE V: Effective date, if	other than the date of filing: (OF	PTIONAI
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\$125.00 Filing Fee for Articles of Organization and Designation

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