L09000107501

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

Office Use Only



500162186585

11/06/09--01004--013 **125.00

FILED

09 NOV -6 PM 1: 21

SECRETARY OF STATE

J. BRYAN

NOV - 9 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations					
SUBJECT:	NCRE	E Prc	perties, L	LC.		
	Name of Limite					
The enclosed Articles of	f Organization and fee(s) are s	ubmitte	ed for filing.			09 NOV - 6 PM 1
Please return all corresp	ondence concerning this matte	r to the	e following:			15. S.
	Sc	ott A	. Morris			mg 3
		Name o	f Person			F10 7: 4
	NCRE	Prop	erties, LLC			REFERENCE
		Firm/C	ompany		· · · · ·	
	1085	w M	lorse Blvd.			
	1000		Iress	 		
	144		EL 00700			
			k, FL 32789 nd Zip Code	· · · · ·	<u> </u>	
	·		evdevo.com			
-	E-mail address: (to be used for					
For further information	concerning this matter, please	call:				
Scot	t A. Morris	at (407)_	4	35-4636	
Name	of Person		Area Code & I	Daytime Tele	phone Number	
Enclosed is a check f	or the following amount:					
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing Fortified Copy ditional copy is e	-	\$160.00 Fill Certificate Certified C (additional co	of Status &
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations Ling Eve Center C		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

rties, LLC. bility Company," "L.L.C.," or "LLC.")					
rties, LLC. bility Company," "L.L.C.," or "LLC.")					
bility Company," "L.L.C.," or "LLC.")					
7.0 3					
principal office of the Limited Liability Company is:					
Mailing Address:					
1085 W. Morse Blvd. Winter Park, Fl. 32789					
ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:					
Scott A. Morris					
Name					
1085 W. Morse Blvd.					
Florida street address (P.O. Box NOT acceptable)					
Winter Park, FL 32789 _{FL}					
, and Zip					
o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all					

(CONTINUED)

Page 1 of 2

The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Evdevo, LLC.
	1085 W. Morse Blvd. Winter Park, FL 32789
MGR	Retail Stores of Florida, LLC.
	5103 Isleworth Country Club Dr.
	Windermere, FL 34786
	
	
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be sto or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)
	Scott A. Morris
Filing Fees:	ed or printed name of signee
\$125.00 Filing Fee for Articles of Organi of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ization and Designation