# "L10000018063

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SECRETARY OF STATE DIVISION OF CORPORATIONS TO THE STATE OF STATE

T. HAMPTON
FEB 1 7 2010

# **COVER LETTER**

Division of	Corporations					
SUBJECT:	CALVARY REALTY SERVICES LLC					
	Name of Limi	ted Liab	ility Com	pany		
The enclosed Article	s of Organization and fee(s) are	submitt	ed for fili	ng.		
Please return all corr	espondence concerning this mat	iter to th	e followii	ng:		
	FRED	DY J.	ESCO	RCIA		
		Name o	of Person			
		Firm/C	Company			
	2114 N. FL	.AMIN¢	GO RO	AD, # 131	l	
<del></del>		Ado	dress			
	<del></del>			FL 33028		
		•	nd Zip Co			
	E-mail address: (to be used	for future	it@gma	port notification	on)	
For further information	on concerning this matter, pleas	e call:				
	DY ESCORCIA ne of Person	_ at (	954 Area Co		529-5904 Telephone Number	
Enclosed is a check	for the following amount:					
✓\$125.00 Filing Fee	**E \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	— Ce	rtified C	ing Fee & opy opy 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		Registra Division Clifton 2661 Ex	Courier Addi ation Section n of Corporat Building xecutive Cent ssee, FL 3236	tions ter Circle	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	' is:
CALVARY REALT (Must end with the words "Limited L	Y SERVICES LLC .iability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2114 N. FLAMINGO ROAD, #131 PEMBROKE PINES, FL 33028	2114 N. FLAMINGO ROAD, #131 PEMBROKE PINES, FL 33028
	ered Office, & Registered Agent's Signature; egistered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are:
	J. ESCORCIA
Na	nme
5848 S.W. 1	102 TERRACE
Florida street address ()	P.O. Box NOT acceptable)

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)

COOPER CITY,

(CONTINUED)

10 FER 12 SUPPRATION

SECRETARY OF STATE
IVISION OF CORPORATIONS

## 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	FREDDY J. ESCORCIA 2114 N. FLAMINGO ROAD, #131 PEMBROKE PINES, FL 33028	<u></u>
MGRM	JULISSA ESCORCIA 2114 N. FLAMINGO ROAD, #131 PEMBROKE PINES, FL 33028	
		<del></del>
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury cin are true.)	
Filling Fees:	Escorcia.  led or printed name of signee	SEI DIVIS 10
\$125.00 Filing Fee for Articles of Organ	ization and Designation	FE

Page 2 of 2

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