# 000020356

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Special Instructions to	Filing Officer:	
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# **COVER LETTER**

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TO:	Registration Section Division of Corporations			
SUBJI	ЕСТ:	REALSMM LLC Name of Limited L	iability Company	
_				
The en	closed Article	es of Organization and fee(s) are sub	nitted for filing.	
Please	return all cor	respondence concerning this matter to	the following:	
		JIM ALEXAN	IDEAL	
		Nau	ne of Person	
		Fir	m/Company	
		11650 CAPR	CIRCLE S. #10	7
		TREASURE I	ate and Zip Code  alexander 5. Cuture annual report notification)	3706
		Chy/St	ate and Zip Code	Dan
		E-mail address; (to be badd for fi	uture annual report notification)	0 101
For fu	rther informat	tion concerning this matter, please cal	il:	
	im ALI	EXAMOER at ame of Person	(727) 366-5 Area Code & Daytime Telephon	ne Number
Enclo	sed is a chec	ck for the following amount:		
<b>]</b> \$125	.00 Filing Fo	ee \$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) C	60.00 Filing Fee, tertificate of Status & tertified Copy additional copy is enclosed)
		Mailing Address Registration Section	Street/Courier Address Registration Section	
		Division of Corporations	Division of Corporations	
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circl	le

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
REAL SMM LLC (Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11650 CAPRI CIRCLE S. #107 TREASURE ISLAND, FL 33706	11650 CAPRI CINCLES. #107 TREASURE ISLAND, FL
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Jim ALE Name	XANDER
11650 CAPRI CIRC Florida street address (P.O.	Box NOT acceptable)
TREASURE ISLAND City, State, ar	FL 33706 ad Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Parintered Agent's Signature	ACE TO F
Registered Agent's Signati	OFEB 22   LLAHASSET
(CONTINI	

# 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" = Manag "MGRM" = Man		
MGRM	TAMES R. ALEXANDER JR. 11650 CAPRI CIRCLE S. #107 TREASURE ISLAND, FL 33706	
MGRM	DAVE VAN DE WALLE 1523 DAUS STREET EVANSTON, IL 60201	
(Use attachment	f necessary)	
ARTICLE V: Effective of an effective date is lisson on 90 days after the date.	late, if other than the date of filing: (OPTIONAL)  ted, the date must be specific and cannot be more than five business days pricte of filing.)	ır
<u>REQUIRED</u> SIG	SNATURE:	
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Filing Fees	JAMES R. ALEXANDER, JR. Typed or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

10 FEB 22 PM 2: 38
SECRETARY OF STATE
AND ASSES FI ORIDA