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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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02/26/10-01044-023 ** 130.00

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SECNETARY OF STATE
FALL AMASSEF FLORID)

Office Use Only

Duaine Dole 780 Deltona Blvd Suite 101 Deltona, Florida 32725

386-575-2553 office

386-848-2949 cell

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PRIMARY REALTY LLC Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
DUAINE R DOLE	_		
Name of Person			
Primary Realty LLC			
Firm/Company			
780 Deltona Blud Suite 101			
DEITONA, FI 32725			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Duaine R DoLE at (386) 575-2553 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{\$\subseteq} \\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status \$\text{Certified Copy} \\ (additional copy is enclosed) \\ (additional copy is enclosed) \end{additional copy is enclosed}			
Mailing Address Registration Section Street/Courier Address Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

PRIMARY RL (Must end with the words Limited Liabili	alty LLC ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
780 DEITONA Blud STE 101 DEITONA, 3l 32725	780 DelTONA Blud Ste 101 DelTonA, Fl 32725
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results o	ered Agent. You must designate an individual or another egistered agent are: DoLE STE 101 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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: 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:

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)