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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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TO: **Registration Section** Division of Corporations;

SUBJECT: Hussey 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:

Deborah Ann Hussey		
	Name of Person	
Hussey Realty, LLC		
	Firm/Company	2018 33E 34E
3949 Evans Ave. Suite #105		2010 MAY SECAE TALLAH
	Address	ASS ASS
Fort Myers, Florida 33901		PA PA
	City/State and Zip Code	18 ±
d.hussey@live.com		
E-mail address: (to be used for future annual report notification)	D
ther information concerning this ma	itter, please call:	
rah Ann Hussey	980-0056	

For fur

Debo

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

■\$155.00 Filing Fee & Certified Copy (additional copy 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

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:

Hussey Realty, LLC

The name of the Limited Liability Company is:

(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3949 Evans Ave.	11230 Marblehead Manor Ct.
Suite105	Ft. Myers, Florida 33908
	s of the registered agent are:
3949 Evans Ave.	Suite # 206
Florida	street address (P.O. Box NOT acceptable)
Ft. Myers	FL 33901 City, State, and Zip

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)

(CONTINUED)
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:

"MGR" = 1 "MGRM" =	Manager = Managing Member	Name and Address:
MGR		Deborah Ann Hussey
		11230 Marblehead Manor Ct.
		Ft.Myers, Florida 33908
		7. 2
		ALLAHASS
		
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(Use attach	ment if necessary)	
(Ose attacii	ment ii necessary)	
CLE V: Effe		ne date of filing: May 16, 2010 . (OPTIONAL
		be specific and cannot be more than five business days
effective date		
effective date	the date of filing.)	
effective date	the date of filing.)	
effective date 0 days after 1		
effective date 0 days after 1	the date of filing.) <u>D</u> SIGNATURE:	
effective date 0 days after 1		
effective date 0 days after 1		3h Dun Arssey
effective date 0 days after 1	D SIGNATURE:	Der or an authorized representative of a member.
effective date 0 days after 1	D SIGNATURE: Signature of a memi	7 / / /
effective date 0 days after 1	Signature of a memiliary and a memiliary of this document consideration.	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
effective date 9 days after 1	Signature of a memilian accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury serein are true.)

Filing Fees:

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

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