L10000057732

(Requestor's Name)				
,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only/Otale/ZIP/) Holle #y				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
·				
(Document Number)				
Certified Copies Certificates of Status	5			
·				
Special Instructions to Filing Officer:				
,				
•				

Office Use Only



300181318693

05/27/10--01049--015 **160.00

TO MAY 27 PH 2: 30
SECRETARY OF STATE

J. BRYAN

MAY 2 8 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT: Real Es	tate Secure LLC	ad Liability Company	
		Name of Limit	ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	James F. DeF	ranco		
			Name of Person	
	Real Estate S	Secure	10° 4.	<u>.</u>
			Firm/Company	6 O
	1 S. Orlando /	Avenue	e E	MAY 2
			Address	TY !
	Cocoa Reach	, Florida, 32931	ن ر	유모
	Occor Bodon		y/State and Zip Code	<u> </u>
	jdefranco@live		" به منطق معمد براها براها براها	30
	jaonaneo@n•		for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Jame	s F. DeFranco		at (321)591-5497	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check fo	or the following amount:		
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of Certified Cop (additional copy)	Status &
		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: The name of the Limited Liability Company is:		
Real Estate Secure LLC		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
1 S. Orlando Avenue	1 S. Orlando Avenue	
Cocoa Beach, Florida 32931	Cocoa Beach, Florida 32931	
	dress (P.O. Box NOT acceptable)	FILED MAY 27 PM 2: 30 CRETARY OF STATE
Cocoa Beach	FL 32931 ate, and Zip	
	this certificate, I hereby accept the a ty. I further agree to comply with the formance of my duties, and I am fa istered agent as provided for in Chap ture (REQUIRED)	ppointment as e provisions of all amiliar with and

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

. . . ,

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Stephen Romano
	1 S. Orlando Avenue
	Cocoa Beach, Florida 32931
MGRM	James F. DeFranco
	1 S. Orlando Avenue
	Cocoa Beach, Florida 32931
	25 2
	To R
	EA ω
(Use attachment if necessary)	
TIF V. Effective date if other than the	date of filing: (OPTIONAL)
effective date is listed the date must be	e specific and cannot be more than five business days prior
00 days after the date of filing.)	specific and cannot be more than five business days prior
o and a record and or records	
DECLUDED CICNATURE.	
REQUIRED SIGNATURE:	
//	
The to	5/12/2010
Signature of a member	r or an authorized representative of a member.
(In accordance with sec of this document constit that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
that the facts stated here	em are nue.)

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)

Typed or printed name of signee