L100000 78640

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(Address)				
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C. LEWIS

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EXAMINER

COVER LETTER

Régistration Section

Note of Corporations

Note of Corporations

帕 /你	•	•	
SUBJECT: Real Est			
	Name of Limite	d Liability Company	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Joseph Lucza	j		
		Name of Person	
Real Estate fo	or Kids LLC		
		Firm/Company	
24	87 AlomA Ave	# 200	
		Address	
cklando:	32792 Florida		
		//State and Zip Code	
realestatefork	ids@gmail.com	or future annual report notification)	
		•	
For further information	concerning this matter, please	call:	
Joseph Luczaj		at (321) 217-5523 Area Code & Daytime Telep	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or the following amount:		
	\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	

ARTICLE 1 - Name: The name of the Limited Liability Company	is:
Real Estate for Kids LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the Principal Office Address:	e principal office of the Limited Liability Company is Mailing Address:
2487 Aloma Ave # 200	2487 Alema AVC \$200
erlando FI 32792	oklando Fl

The name and the Florida street address of the registered agent are:

Joseph Luczaj Name 8214 Trailer Lane Florida street address (P.O. Box NOT acceptable) FL 32822 City, State, and Zip Orlando

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..

(CONTINUED) Page 1 of 2

FILED

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

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

2010 JUL 26 PM # 58

SECRETARY OF STATE

Title:	Name and Address:	TABEAHASSEEFFLU
"MGR" = Manager "MGRM" = Managing Memb	er	•
	Ci	
MGRM	Joseph Luczaj	
	8214 Trailer Lane	
	Orlando, FL 32822	
	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
- DELOCK PORT CONTROL OF THE CONTROL		
ARTICLE V: Effective date, if other	than the date of filing:	(OPTIONAL)
(II an effective date is listed, the date to or 90 days after the date of filing.)	must be specific and cannot be more tha	n five business days prior
to or 90 days after the date of ming.)		
REQUIRED SIGNATURE		
<u> </u>	had hard	
	The state of the s	
Signature of	a member or an authorized representative of a	member.
(In accordance	e with section 608.408(3), Florida Statutes, the ex	ecution
of this docum	ent constitutes an affirmation under the penalties (stated herein are true.)	of perjury
Joseph Luc	•	
JOSEPH Euc	Typed or printed name of signee	

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)