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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/P/lone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. LUNT
AUG - 4 2010

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EXAMINER



900183902959

08/04/10--01003--018 **130.00

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Brenda Hic Name of Limit	KS Realty Led Liability Company	LC
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	ALL SEC
Bre	nda Hicks	Name of Person	AHAS
·		Name of Person	STEPS STEPS
.		Firm/Company	
68	Bay Pin	e Dr.	F. S.
	•		
Crai	a forduille	yState and Zip Code So. Com for future annual report notification)	7
	Cit	y State and Zip Code	
<u>bh</u>	ICKSTE @ M	Sn. Com	
For further information	concerning this matter, please		
Brender	Hicks	at (<u>850</u>) <u>a 51-</u> Area Code & Daytime Tele	1923
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Brenda Hicks Realty UC (Must end with the words "Limited 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:
68 Bay Pine Dr. Crawflorduille, Fl SAME
ARTICLE HI - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Brenda Hicks
Florida street address (P.O. Box NOT acceptable)
Crawfordville FL 3a3a7 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

"MGRM" = Managing Member MGRM	Brenda Hicks
	(raw for dulle, Fl 303)
(Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTION e specific and cannot be more than five business da
days after the date of filing.)	
REQUIRED SIGNATURE:	

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

Filing Fees:

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

that the facts stated herein are true.)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee