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Office Use Only



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C. LEWIS

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EXAMINER

COVER LETTER

	COVE	K LEI LEK	.,
TO: Registration S	Section	**	
Division of Co			
*	·	•	
SUBJECT: Essentia	al Real Estate, LLC		
•	Name of Limit	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
Shawn Robe	ert Baxter		
		Name of Person	
Essential Re	eal Estate, LLC		
		Firm/Company	
848 Brickell	Avenue, Suite 1200		
		Address	
Miami, FL 33	3131		
	Cit	y/State and Zip Code	
shawn.baxte	r@gmail.com		
	E-mail address: (to be used t	or future annual report notification)	" .
For further information	concerning this matter, please	e call:	
Shawn Baxter		at (305)965-6566	
	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 Con	mpany is:
Essential Real Estate, LLC.	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Dain simal Office Address.	M-99- A.J.J.

Mailing Address:	
848 Brickell Avenue	
Suite 1200	_
Miami, FL 33131	_
	Suite 1200

ARTICLE III - 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:

Shawn Robert Baxter

Name

2962 Day Avenue

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33133

ni FL 33133

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

FILED

MGR" = Manager MGRM" = Managing Member	Name and Address: Name and Address: Secritia ALLAHAS Shawn Robert Baxter	יאבריי
5 5	Shawn Robert Baxter	
IGR	Shawn Robert Baxter	
	Onami Hobort Baxtor	
	2962 Day Avenue Miami, FL 33133	 _
	Wilami, FL 33133	
		
	· · · · · · · · · · · · · · · · · · ·	
Use attachment if necessary)		
LE V: Effective date, if other than the	date of filing: (OP	TIONA
ective date is listed, the date must be	e specific and cannot be more than five busin	
days after the date of filing.)		
REQUIRED SIGNATURE		
/1 //		
///		
Signature of a member	r or an authorized representative of a member.	
~ / / V	r or an authorized representative of a member.	

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)

Shawn Robert Baxter

Typed or printed name of signee