

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(a,					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					

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EXAMINER



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SECRETARY OF STATE FALLAHASSEE. FLORIDA 10 OCT 19 PH 2: 31

COVER LETTER

. TO :	TO: Registration Section Division of Corporations				
· SUBJ	ECT: Let's	Close, LLC			
0000		Name of Limit	ed Liability Company		
The e	nclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corre	spondence concerning this matt	ter to the following:		
	Robert S	S. Blanket			
			Name of Person		
	Robert S	S. Blanket, P.A.			
			Firm/Company		
	4441 Sti	rling Road			
			Address		
	Ft. Laude	rdale, Fl. 33314			
			y/State and Zip Code		
	ROB2359		for future annual report notification)		
For fu	rther informatio	n concerning this matter, pleaso	•		
Rob	ert S. Blanl	ket	at (954 792-7338		
	Nam	e of Person	Area Code & Daytime Telephone	Number	
Enclo	sed is a check	for the following amount:			
▼ \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed)	50.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

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The name of the Limited Liability Company is:

Let's Close, LLC

(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:

4441 Stirling Road

Ft. Lauderdale, Fl. 33314

4441 Stirling Road

Ft. Lauderdale, Fl. 33314

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:

Robert S. Blanket

Name

4441 Stirling Road

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

Ft. Lauderdale, Fl. 33314

City, State, and Zip

10 OCT 19 PM 2: 36
SECRETARY OF STATE
TALLAHASSEE, FI OBITA

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Robert S. Blanket - 95%
	4441 Stirling Road
	Ft. Lauderdale, Fl. 33314
MGRM	Irvin W Nachman - 5%
	4441 Stirling Road
	Ft. Lauderdale, Fl. 33314
(Use attachment if necessary)	
RTICLE V: Effective date, if other than an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
_	macron an authorized representative of a member.
constitutes an affirmation u I am aware that any false in	a 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
Robert S. E	Blanket

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