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EXAMINER

OF STATE OF

# COVER LETTER

TO:	Registration S Division of Co		*
SUBJE	ECT: <u>848 PF</u>	ROPERTY LLC  Name of Limit	ed Liability Company
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.
Please	return all corresp	oondence concerning this matt	ter to the following:
	ALEXANDE	R J. REALE & LETA	И. REALE
			Name of Person
	<u></u>		Firm/Company
	858 16TH A	VENUE NORTH	
			Address
	ST. PETER	SBURG, FL 33704	
		Cit	y/State and Zip Code
•		E-mail address: (to be used t	for future annual report notification)
For fur	ther information	concerning this matter, please	e call:
<u>LETA</u>	M. REALE	of Person	at ( 727 ) 804-9716  Area Code & Daytime Telephone Number
Enclos	sed is a check fo	or the following amount:	
□\$125.	00 Filing Fee	<b>≦</b> \$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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name: The name of the Limited Liability Company is:	y Company, "L.L.C.," or "LLC.")
848 PROPERTY LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
848 16TH AVENUE NORTH	858 16TH AVENUE NORTH
ST. PETERSBURG, FL 33704	ST. PETERSBURG, FL 33704
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the response ROBERT E. WHARRIE,  Name	gistered agent are:
5503 38TH AVENUE N	ORTH
	ress (P.O. Box NOT acceptable)
ST. PETERSBURG City, State	FL 33710 se, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered 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:

MGR	LETA M. REALE
	858 16TH AVENUE NORTH
	ST. PETERSBURG, FL 33704
MGRM .	ALEXANDER J. REALE
	858 16TH AVENUE NORTH
·	ST. PETERSBURG, FL 33704
Use attachment if necessary)	
LE V: Effective date, if other the clive date is listed, the date is days after the date of filing.)	han the date of filing: (OPTION must be specific and cannot be more than five business dates

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LETA M. REALE

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)