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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: R&R Real Estate Group, LLC	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christopher Richardson	
Name of Person	
Firm/Company	
900 Glades Road, Suite 2	
Address	*
Boca Raton, FL 33431 City/State and Zip Code City/State and Zip Code	-
111 -	}
crichardson@rdhllc.com E-mail address: (to be used for future annual report notification)	_
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:)]
Name of Person at () Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed))
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
R&R Real Estate Group, LLC	
(Must end with the words "Limited Liability Company, "L.IC.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabili	ity

ARTICLE I - Name:

Principal Office Address:	Mailing Address:	
900 Glades Road	900 Glades Road	
Suite 2	Suite 2	.
Boca Raton, FL 33431	Boca Raton, FL 33431	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	on Registered Agent. You must designate an ind	lividual or Gnother R 15
Christopher Richa	ardson	PF ST
	Name	
900 Glades R	Road, Suite 2	OF STATE
Florida st	reet address (P.O. Box NOT acceptable)	ÿ
Boca Raton	_{FL} 33431	
	City, State, and Zip	

Company is:

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:

MGRM	Christopher Richardson	
	900 Glades Road, Suite 2	
	Boca Raton, FL 33431	
		201 SE TAI
<u> </u>		CG T
(Use attachment if necessary)		SE SE
(and arrangement it involution)		<u> </u>

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher Richardson

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)