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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 MAY -9 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
NATIONAL BROTHERS REALTY GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

C. LEWIS

MAY 10 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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2011 MAY -9 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIONAL BROTHERS REALTY GROUP, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7529 Dracena

Punta Gorda, FL 33955

Mailing Address:

7529 Dracena

Punta Gorda, FL 33955

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:

EDMOND BENOIT

Name

7529 Dracena

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

Punta Gorda, FL 33955

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.

X


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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2011 MAY -9 AM 7:45

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

The name and address of each Manager or Managing Member is as follows: **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Edmond Benoit
7529 Dracena
Punta Gorda, FL 33955

MGR

Medgine Benoit
7529 Dracena
Punta Gorda, FL 33955

MGR

Ima Benoit
7528 Dracena
Punta Gorda, FL 33955

MGR

Renold Sanon
11 Thurlow Drive
Boyton Beach, FL 33426

MGR

Magena Sanon
11 Thurlow Drive
Boyton Beach, FL 33426

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X


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

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Medgine Benoit

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)