# 11100005853

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**EXAMINER** 



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SECRETARY OF STATE
TALL AHASSEE FILE

FILED

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SUBJECT: National Rea	ılty Referral I	LC	
	Name of Limited L	iability Company	<del></del>
The enclosed Articles of Organization	on and fee(s) are subr	nitted for filing.	
Please return all correspondence cor	ncerning this matter to	the following:	
Gale S. Bray			
	Nar	ne of Person	
National Realty	of Brevard, I	nc.	
	Fin	n/Company	
1331 S. Harbor (	City Blvd.		
		Address	
Melbourne, Florida	32901		
<u> </u>		te and Zip Code	· · · ·
gsbray@yahoo.com	11 () 1 (6 6		
		ture annual report notification	)
For further information concerning to	this matter, please cal	1:	
Gale S. Bray	at	, <b>321</b> , 7231400	)
Name of Person		Area Code & Daytime T	elephone Number
Enclosed is a check for the follow	wing amount:		
\$125.00 Filing Fee \$130.00 Certific	Filing Fee & ate 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)
Division P.O. Box	on Section of Corporations	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons r Circle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	ICI	.IC	T _	No	me.

The name of the Limited Liability Company is:

# National Realty Referral 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:
1331 S. Harbor City Blvd.	1331 S.Harbor City Blvd.
Melbourne, Florida 32901	Melbourne, Florida 32901

## 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:

Gale S. Bray	
	Name
1331 S. H	arbor City Blvd.
Flo	orida street address (P.O. Box NOT acceptable)
Melbourne	<sub>FL</sub> 32901
	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

SEGRETARY OF STATE

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Gale S. Bray
WGK	1331 S. Harbor City Blvd.
	Melbourne, Florida 32901
	Hidibourio, Fibrida 02001
(Use attachment if necessary)	
	the date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days p
0 days after the date of filing.)	
<u>REQUIRED</u> SIGNATURE:	
	_
<i>ــ ر</i>	
Simulation	mber or an authorized representative of a member.
Signature of a me	mber of an authorized.cepresentative 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)

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.)

SALE S. BKA.

Typed or printed name of signee