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J. SAULSBERRY EXAMINER

JUN 17 2011

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SUBJECT: PROFESSIONAL REAL ESTATE SOLUTION Name of Limited Liability Company	27/01	15, 1	<u></u>
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LINDA L. JACOBUS  Name of Person			
Firm/Company	<del> </del>		
3620 SPICEBERRY LANE	·	—	
BOYNTON BEACH, FL, 33436  City/State and Zip Code  (L) a se OPT MUM, Net  E-mail address: (to be used for future annual report notification)	TALL NHA	2011 JUUN	-17
Ma & optimum net	SSE	=	-
For further information concerning this matter, please call:  LINDA TACOBUS  at (56) 843-1007  Name of Person  Area Code & Daytime Telephone Number	OF STATE) E-FLORIDA	AM 9: 26	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\sum_{\text{S130.00 Filing Fee & Certified Copy}}\$160.00 F  Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status Copy	&	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building			

Tallahassee, FL 32314

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:

PROFESSIONAL REAL	ESTATE SOLUTIONS, LLC ity Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BOYNTON BEACH, FL. 33+36	P.O. BOX 354 GREENWICH, CT. 06836
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the r	
LINDA L. JA Name	COBUS AREANSET
2620 Spice Be Florida street add	
BOYNTON BEAC	Iress (P.O. Box NOT acceptable) 99 99 100 26 1
Cny, su	ne, 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)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MG-R	LINDALIJACOBO 2620 SPICEBERR BOYNJON, BEACN,	05 PL LANE FL 33436
<del></del>		
		17.5 28
(Use attachment if necessary)		LEAHASSE ARY
LE V: Effective date, if other than the	e date of filing:	. (OB HONA) 

### **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.)

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)