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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAVID O'KELLY REALTY 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:
DAVID O'KELLY Name of Person
DAVID O'KELLY REALTY, LLC
2036 SE BISBEE St. Address
Port St. Lucie FL 34952 City/State and Zip Code
realtordavido Kelly agnail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID O'KELLY at (772) 529-9008 Name of Person at (772) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times Certificate of Status \$\times Certified Copy (additional copy is enclosed) \$\times Certified Copy (additional copy is enclosed) \$\times 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
DAVID O'KELLY RE (Must end with the words "Limited Liability	ALTY LLC y Company, "LLC.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2086 SE BISBER St Port St. Lucie, FL 34952	SAME
ARTICLE III - Registered Agent, Registered (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 registration. AVITO ON Name 2086 SE BUST Florida street address of the City, State	gistered agent are: SECRETARY S

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..

Spinior Agent's Dignature (KD401KD)

(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:
DAVID O'KELLY MGR	2086 SE BISBER St. POUT St. LUCIE, FL 34952
LAURAROKELLY MGRM	2086 SE BISBER St. PONT St. LUCIE, FL = 34952
(Use attachment if necessary) RTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
f an effective date is listed, the date must be or 90 days after the date of filing.)	e specific and cannot be more than five business days pric
REQUIRED SIGNATURE:	FIL JUL 2 TALLAHAS
Signature of a membe	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Ination submitted in a document to the Department of State of as provided for in s.817.155, F.S.)
DAVID	ped or printed name of signee
Filing Foos	

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)