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J. SAULSBERRY EXAMINER

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# **COVER LETTER**

Division of Corporations	
SUBJECT: REALTY SERVICES ASSOCIATION MANAGEMENT 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:	
CRAIG VALENTINE Name of Person	
REALTY SERVICES ASSOCIATION MANAGEMENT LLC. Firm/Company	
1208 NE 23R9 TEUR.	
CAPE CORAL, FL 3390/ SETARY &	
CAPE CORAL FL 3390/  City/State and Zip Code  Walentine 218 @ Yaloo Com  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)	n
For further information concerning this matter, please call:	
CRA. 6 VALENTINE at (239) 699.3237  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \( \begin{array}{c ccccccccccccccccccccccccccccccccccc	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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

REALTY SERVICES ASSOCIATION MANAGEMENT	LLC
(Myst end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

#### **ARTICLE II - Address:**

**Principal Office Address:** 

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

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

**Mailing Address:** 

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	ual or another	
The name and the Florida street address of the registered agent are:  RAIG VALENTINE  Name	2011 NOV . SECRETA TALLAHAS	
1208 DE 23R9 TERR.  Florida street address (P.O. Box NOT acceptable)  CAPE CORAL, FL FL 33909  City, State, and Zip	-8 AM II: 24 RY OF STATE SEE, FLORIDA	

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  MGQ	Name and Address:  (RAIL) VALENTINE  1208 NE 2377 TERE  CAPE CORAL, FL 33909
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing.)	ALL AND SEE FLORING AM SEE FLORING A

**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)