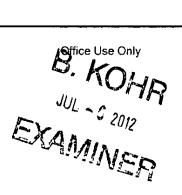
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
- (Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

DIVISION OF CORFORATION

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COVER LETTER

то:	Registration Solution Of Col			<i>.</i>
SUBJ	ECT: 10151	Reality, LLC	·	
2020			ed Liability Company	12 30/1
The en	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	e return all correspo	ondence concerning this matt	er to the following:	
	Ricky J. V	Veiss		
			Name of Person	
	Ricky J. V	Veiss, P.A.		
			Firm/Company	
	5501 Univ	ersity Drive, # 10	3	
			Address	
	Coral Sprin	gs, Florida, 33067		
	•	·	y/State and Zip Code	
	rjwsc@bells		or future annual report notification)	
For fu	orther information	concerning this matter, please		
Ricky J. Weiss		at (954) 757-1650		
	Name o	of Person	Area Code & Daytime Teleph	one Number
Enclo	osed is a check fo	r the following amount:		
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Name:

The name of the Limited Liability Company is:

10151 Reality, 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:	Waning Address:	
8120 Nutmeg Way	8120 Nutmeg Way .	
Tamarac, FL 33321	Tamarac, FL 33321	
·		

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:

Ricky J. Weiss			
	Name		
5501 Univer	rsity Drive, # 103		
Florida street address (P.O. Box NOT acceptable)			
Coral Springs	_{FL} 33067		
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..

egistered 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Scott Kerniss 8120 Nutmeg Way Tamarac, FL 33321 (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:**

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.)

PICKY J. WEISS
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)