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| Special Instructions to | Filing Officer: | |
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'AUG 7 2012 T. HAMPTON

COVER LETTER.

TO:

Registration Section Division of Corporations

| SUBJECT: Florida Homes Realty Name of Limit | & Mortgage Referral Limited Liability Co. ed Liability Company |
|---|--|
| The enclosed Articles of Organization and fee(s) are | submitted for filing. |
| Please return all correspondence concerning this matter | ter to the following: |
| James V Angelo | Name of Person |
| Florida Home Roolly & Mo | Firm/Company |
| 11512 Lake Mead Ave, | Suite 701 Address |
| Jacksonville, FL | 32256 |
| Locate homes 6 E-mail address: (to be used | for future annual report notification) |
| For further information concerning this matter, please | |
| Angelo Name of Person | _at (<u>904</u>) <u>4/2 · 7 88 9</u> Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times \text{Certificate of Status}\$ | S155.00 Filing Fee & S160.00 Filing Fee, 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 Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | ICL | Æ | - N | ame: |
|-----|-----|---|-----|------|

The name of the Limited Liability Company is:

Florida Homes Really & Martagge Referral 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:

11512 Lake Mend Ave, Suite 701 11512 Lake Mend Ave, Suite 701 Nacksonville FL 32256 Nacksonville FL 32256

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:

dames V Angelo

Florida street address (P.O. Box NOT acceptable)

LackSonville FL 32256

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

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 | James V Angelo 11512 Lake Mead Ave, Suite 7 dacksonville, FL 32256 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than the | e date of filing: (OPTIONA be specific and cannot be more than five business day |

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.)

James V Angelo
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)