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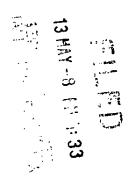
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of C			٠
SUBJECT:	MANSOUR	REAL ESTATE LLC.	س
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	·
Please return all corres	spondence concerning this matt	er to the following:	
	John	MANSOUR Name of Person	
		Name of Person	
	Manson	r Real Estate LLC.	
		Firm/Company	
	P.O. B	ox <u>301143</u>	
		Address	
	Fern	Park, FL 32730	
-	Cit	y/State and Zip Code	
	Jo Mansour E-mail address: (to be used	Pank, FL 32730 y/State and Zip Code @ amail. Com for fut (g) annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further information	n concerning this matter, please		
T.) 0/	۸	1100 -7	
John IV	LANSOUY c of Person	at (407) 489 - 370 Area Code & Daytime Telephor	0 [ne Number
Enclosed is a check	for the following amount:	·	
□\$ 125.00 Fifing Fee	□\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) C	
	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 Circl Tallahassee, FL 32301	e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	13 1:34 13	and the second
MANSOUR REAL ESTATE LLC. (Must end with the words "Limited Liability Company, "L.L.C.")	1		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility (ن Compai	ន ny is:
Principal Office Address: Mailing Address:			
150 E. Robinson St. P.O. Box 301143 Unit 2903 Fern Ank, FL 3273 Orlando, FL 32801	30	- -	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individuasiness entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
John Mansour Name			
150 E. Lohnson St. # 2903 Florida street address (P.O. Box NOT acceptable)			
Orlando R. Pl. 32801 City, State, and Zip			
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with all statutes relating to the proper and complete performance of my duties, and and accept the obligations of my position as registered agent as provided for in	e appo h the p I am fa	intmen rovisio miliar	t as ons of with
Registered Agent & 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	Name and Address:	
MGR	John Mansour w P.O. Box 30/143 Fern Rank, FL 32730	
		1.1. U.S.
		
(Use attachment if necessary)		
effective date is listed, the date mu	ne date of filing: (OPTION st be specific and cannot be more than five busin	
effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five busing	
REQUIRED SIGNATURE: Signature of a member of the description of the d	st be specific and cannot be more than five busin	

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)