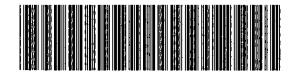
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

. TO: Registration Section Division of Corporations	
SUBJECT: Florida Bar	Sain Real Estate, LLC PLimited Liability Company
The enclosed Articles of Organization and fee(	s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Ashok Son	
	Name of Person
Florida Bar	gain Real Estate, LLC
	, mo company
559 N DOV	e Ct
Lake Mary	FL 32746 City/State and Zip Code
E-mail address: (to b)	o yahoo. Com  e used for future annual report notification)
For further information concerning this matter,	·
Hishole Son!	at ( 407) 687-8447  Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt:
□\$125.00 Filing Fee	•
Mailing Address Registration Section Division of Corpora P.O. Box 6327	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Florida Bargain Real Estate, 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: Mailing Address:
359 N Dover Ct Lake Mary, FL 32746  Lake Mary, FL 32746
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:    A Lo L Son;   Name   Name
Florida street address (P.O. Box NOT acceptable)
Lake Mary FL 32746  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)  WISSION OF CONTINUED)  Registered Agent's Signature (REQUIRED)  (CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ashola Son: 359 N Dover Ct Lake Mary, FL 32746
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date more 90 days after the date of filing.	the date of filing: (OPTION ust be specific and cannot be more than five busing)
REQUIRED SIGNATURE:	

ARTICLE IV- Manager(s) or Managing Member(s):

(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)