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(850) 245-6051.

## **COVER LETTER**

TO: **Registration Section Division of Corporations** Real Estate Central Group, 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: Sharon M Watson Name of Person Real Estate Central Group, LLC Firm/Company PO Box 1416 Address Winter Haven, FL City/State and Zip Code sharonwatson@mindspring.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sharon M. Watson Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & ■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	s:	
Real Estate Central Group, LLC.		
(Must end with the words "Limited Liz	shillty Company "L.I.C." or "LI.C.")	
(Must old Wall the Words Ellined Ele	ionny company, E.E.C., or EEC. )	
ARTICLE II - Address:	્રાંતું છુ	
	principal office of the Limited Liability Company	
Principal Office Address:	Mailing Address:	
230 Co. Had Aug	PO Box 1416	
Winter Haven, FL 33880	Winter Haven, FL 33882	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers) business entity with an active Florida registration.)  The name and the Florida street address of the	<del>-</del>	
Sharon M. Watson		
Name		
1601 Sixth St, SE		
Florida street address (P.O. Box NOT acceptable)		
Winter Haven, FL 3388	0 <sub>FL</sub>	
City,	State, and Zip	
liability company at the place designated i registered agent and agree to act in this cap	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
Sharon M Watson, MGR	Sharon M. Watson
	PO Box 1416
	Winter Haven, FL 33880
R. Todd Dantzler, MGRM	R. Todd Dantzler
	801 Piedmont Dr, SE
	Winter Haven, FL 33880
Richard Hemenway, MGRM	Richard Hemenway
	2 Tera Lane
	Winter Haven, FL 33880
Janelle Pruitt, MGRM	Jenelle Pruitt
	220 Hibiscus Drive
	Auburndale, FL 33823
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	e date of filing: (OPTIONAL)  t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	n M Uttson
Signature of a membe	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	3.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Sharon M. Watson	
Ту	ped or printed name of signee

Filing Fees: