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SECRETARY OF STATE

JUN 18 2013 D. BRUCE

## COVER LETTER

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TO: Registration Division of C		•	v
SUBJECT: Rea	Ity Flex LLC		
, sobolec 1.		ed Liability Company	-
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
Daniel	F Nolan	9 (4.9)	
		Name of Person	
Realty	Flex LLC		
		Firm/Company	
478 E	Altamonte Dr,	Suite108-304	
		Address	<b>_</b>
Altamo	nte Springs Fl	32701	A 2 2
	•	y/State and Zip Code	<u> </u>
dfnosr@g	mail.com		AAAA
		or future annual report notification)	SEE SEE
For further information	concerning this matter, please	call:	Frs R I
Daniel F N	lolan	<sub>31</sub> ,407 \ 476 80	189 PH IZ: 17
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check t	for the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 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 C	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	;	
Realty Flex LLC		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
478 Altamonte Dr	SAME	
Suite 108-304		
Altamonte Springs FI 32701		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individ	ual or another
The name and the Florida street address of the	registered agent are:	SECRETARY ALLEAHASSE
Daniel F Nolan		₹8 <b>S</b>
Name		
478 E Altamonte Dr, Suite 108-30	<b>14</b>	7 P
Florida street ad	idress (P.O. Box NOT acceptable)	ST N
Altamonte Springs FI	<sub>FL</sub> 32701	PH 12: 17 OF STATE OF LORIDA
City, S	tate, 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:

"MGRM" = Manager "MGRM" = Managing Member    Daniel F Nolan	<u>Title:</u>		Name and Address:	
Daniel F Nolan   478 E Altamonte Dr. Suite 108-304   Altamonte Springs Fl 32701				
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:	"MGRM	" = Managing Member		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:	MGRM		Daniel F Nolan	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:			478 E Altamonte Dr, Suite 108-304	
ARTICLE V: Effective date, if other than the date of filing:  (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:  (In accordance with section 608.408(3), Florida Statutes, the execution of this document of the 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.)  Daniel F Nolan			Altamonte Springs FI 32701	
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Typed or printed name of signee				
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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)