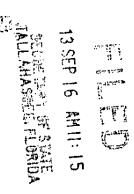
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Office Use Only



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09/16/13--01039--007 **125.00



COVER LETTER

	ntion Section of Corporations		
SUBJECT:	REACTY WE	EALTH Pros, Lited Liability Company	Le
The enclosed Arti	icles of Organization and fee(s) are	submitted for filing.	
Please return all c	correspondence concerning this ma	tter to the following:	
	Thouse	Name of Person	
		Name of Person	
Firm/Company			
24	100 S. OCEAN	M. Apt. V10	26
		ity/State and Zip Code SWW695. Color for future annual report notification)	
	-tom Q	ownbys. Con	د
	E-mail address: (to be used	for future annual report notification)	
	nation concerning this matter, pleas	se call:	
TOM	Name of Person	at (32() 684- Area Code & Daytime Tele	2190 phone Number
Enclosed is a cl	neck for the following amount:		
\$125.00 Filing	Fee \$\Bigsigs \$\\$130.00 \text{ 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	Street/Courier Address Registration Section Division of Corporations	3

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: <u> Mailing Address:</u>

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:

ARTICLE I - Name:

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

art Prince FL 34949

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)

ARTICLE IV- Manager(s) or I	Managing Member(s): Ianager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jim Sullivarion FC 33317
WE & M	TIM PANDELL 3935 FENNER ROAD COCOA, FL 32926
MGRM	Chad Conbett 3735 FRADKLIN Rd SW #162 ROADOKE, VA 24014
MCRM	Thomas OWNEY 2400 S. OCEAN DA! ANT. VIOZE FORT PLEASE, FC 34949
(Use attachment if necessary)	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date prior to or 90 days after the date of filing	must be specific and cannot be more than five business days
REQUIRED SIGNATURE:	13 SEP 13 SEP
(In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
	Typed or printed name of signer

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)