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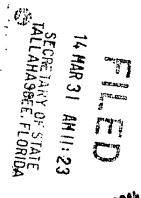
(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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TELLINGUE APR 03 SOUR

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Real Help LLC Name of L	imited Liability Company
The end	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	Jeanine A. Chrisso, MGR	Name of Person
	Real Help LLC	Firm/Company
		rim/Company
	18023 SW 87th Place	Address
	Palmetto Bay, FL 33157	City/State and Zip Code
jac	chrisso@gmail.com E-mail address: (to be us	sed for future annual report notification)
For furt	her information concerning this matter, pl	ease call:
<u>Jeanin</u>	e A. Chrisso at ( Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.00	O Filing Fee \$\times \text{Certificate of Status}\$	✓\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The name of the Eminion Bluethly Company is:				
Real Help LLC		· ••		
(Must end with the words "Limi	ted Liability Company, "L.L.C.,"	or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability (	Company is:		
Principal Office Address:	Mailing Address:			
18023 SW 87th Place Palmetto Bay, FL 33157	18023 SW 87th Place Palmetto Bay, FL 3315	7	<u> </u>	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register	wn Registered Agent. You must tion.)		lividual or	
Jeanine A. Chrisso		_: <b>*</b> **	14	
Na	me	LAI.	MAR TO	
18023 SW 87th Place		A.A.	න <sub>(නෙත්)</sub>	
Florida street address (P.O. E	Box NOT acceptable)	A A	- ;	
Palmetto Bay	FL 33157	. <u></u>		2
City	Zip	ORI	: O	
Jenine F	cept the appointment as registered ns of all statutes relating to the pi	d agent and agr roper and comp	ability compar ee to act in th lete performa	is nce
(CONTIN	NUED)			

Page 1 of 2

Title: "AMBR" = Authorized N "MGR" = Manager	<b>1</b> ember	Name and Address:		
		**************************************		
			·	
(Use attachment if necess			(OPTIONAL)	
LE V: Effective date, if oth fective date is listed, the descriptions.)	ner than the date of filing: late must be specific and	cannot be more than five busi	(OPTIONAL)  ness days prior to or 9	0 da
LE V: Effective date, if oth	ner than the date of filing: late must be specific and	cannot be more than five busi	(OPTIONAL)  ness days prior to or 9	0 da
LE V: Effective date, if oth fective date is listed, the descriptions.)	ner than the date of filing: ate must be specific and any.	Change	(OPTIONAL)  ness days prior to or 9  ALLAHASSE	<u> </u>
LE V: Effective date, if oth fective date is listed, the d of filing.)  LE VI: Other provisions, if  REOUIRED SIGNATU  Sig (In accordance constitutes an a I am aware that	RE:  nature of a member or with section 605.0203 (1 ffirmation under the penany false information su	an authorized representative of blood by the facts stated in a document to the De ided for in s.817.155, F.S.)	of a member to of this document ted herein arctice.	
LE V: Effective date, if other fective date is listed, the desof filing.)  LE VI: Other provisions, if  REQUIRED SIGNATU  Sig  (In accordance constitutes an all am aware that constitutes a things)	RE:  nature of a member or with section 605.0203 (1 ffirmation under the pension suited degree felony as provenine A. Chrisso	an authorized representative of (b), Florida Statutes, the executable of perjury that the facts state bmitted in a document to the De	of a member of the derein another.	

Page 2 of 2