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(Req	uestor's Name)	
(Add	fress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	. Certificates	of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Central Florida Real Estate Cons</u> Name of Li	sultants, LLC mited Liability Company	
The en	aclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Andre Williamson	Name of Person	
		Name of Ferson	
	Exit Realty Central	Firm/Company	
	401 S Rosiland Ave Suite 100		
	401 3 Roshand Ave Suite 100	Address	
	Orlando, Florida 32801	City/State and Zip Code	
77.	ourorlandoagent@gmail.com	ed for future annual report notific	ation)
For fu	rther information concerning this matter, ple	ease call:	
Andre		901) 299-7962	
	Name of Person	Area Code Daytime Te	elephone Number
Enclos	red is a check 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 Paristration Section	Street/Courier Add Registration Section	
	Registration Section Division of Corporations	Division of Corpora	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY C	UNIFAINY
ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
Central Florida Real Estate Consultants, LLC	nited Liability Company, "L.L.C.," or	***II.C."\
(Must end with the words "Lin	inted Liability Company, "L.L.C.," or	""LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
401 S Rosiland Ave	401 S Rosiland Ave	
Suite 100	Suite 100	
Orlando, Florida 32801	Orlando, Florida 32801	
(The Limited Liability Company cannot serve as its another business entity with an active Florida regist	ration.)	ignate an individual or
The name and the Florida street address of the regist	tered agent are:	
Andre Williamson	lame	
401 S Rosiland Ave Suite Florida street address (P.O.		
Orlando	FL_32801	
City	Zip	
Having been named as registered agent and to acce the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept th	eccept the appointment as registered a ions of all statutes relating to the prop	gent and agree to act in this per and complete performance
Can the Canal of t		
Registered Agent's S	Signature (REQUIRED)	$ z_0$
(CONT	INUED)	TLANUESO
Page	1 of 2	00
		Hill: 35

<u>Title:</u> "AMBR" = Authorized Me	Name and Address:	
"MGR" = Manager	illoei	
MGR	Andre Williamson	
	401 S Rosiland Ave Su	te 100
	Orlando, FL 32801	
		
		
(Use attachment if necessar	v)	
ective date is listed, the dat if filing.)	than the date of filing: e must be specific and cannot be more than five y.	
ective date is listed, the dat of filing.) E VI: Other provisions, if ar	e must be specific and cannot be more than five	
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ective date is listed, the date of filing.) E VI: Other provisions, if are recovered by the control of the con	e must be specific and cannot be more than five	business days prior to or 90
ective date is listed, the date of filing.) E VI: Other provisions, if an example of the provisions o	ture of a member or an authorized representate the section 605.0203 (1) (b), Florida Statutes, the e	ive of a member.
REQUIRED SIGNATUR (In accordance we constitutes an affi	ture of a member or an authorized representate the section 605.0203 (1) (b), Florida Statutes, the emation under the penalties of perjury that the fact	ive of a member. execution of this document is stated herein are true.
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