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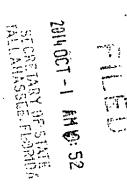
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: Realty Experts By The Beach	
Name of Lim	aited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Di	etter to the following:
Please return all correspondence concerning this ma	mer to the following.
Lorne L Marandino	Name of Person
	Name of Poison
D. W. F 4 D. Th. D h	
Realty Experts By The Beach	Firm/Company
143 Orchard Lone	
143 Orchard Lane	Address
Ormond Beach, FL 32176	
	ity/State and Zip Code
Lmredoc@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	ise call:
For further information concerning this name, pres	Area Code Daytime Telephone Number S
Laws I Marratin	
Lorne L Marandino at (3 Name of Person	Area Code Daytime Telephone Number
	L.A.d. mark
Enclosed is a check for the following amount:	
	House on Fill B
\$125.00 Filing Fee . \$\sum \\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, ☐ Certified Copy Certificate of Status &F3
	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	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:		
Realty Experts By The Beach LLC.		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
143 Orchard Lane Ormond Beach, FL 32176	1425 Ocean Shore Blvd uni Ormond Beach, FL 32176	t 201
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrate.) The name and the Florida street address of the register.	wn Registered Agent. You must de tion.)	signate an individual or
Lorne L Marandino Nar		ZOL OCT
Nai	ne	理の可能
1425 Ocean Shore Blvd unit 2	201	SE I
Florida street address (P.O. B	Box <u>NOT</u> acceptable)	
Ormond Beach,	FL 32176	57 OF 1855
City	Zip	<u> </u>
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Registered Agent's Sig	ept the appointment as registered one of all statutes relating to the propobligations of my position as regist apter 605, F.S	agent and agree to act in this per and complete performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
MBR" = Authorized Member	
MGR" = Manager	Lorne L Marandino
 	1425 Ocean Shore Blvd Unit 201
	Ormond Beach, FL 32176
Use attachment if necessary)	
E V: Effective date, if other than the date octive date is listed, the date must be sperifilling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
(Use attachment if necessary) E V: Effective date, if other than the date of the date is listed, the date must be speof filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of the date is listed, the date must be spenfilling.) E VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the 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.)

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)

ARTICLE IV-

Page 2 of 2