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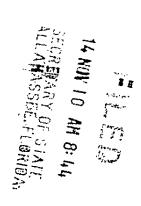
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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TO:	Registration Section		
	Division of Corporations		
SUBJE	352	REALTY GROUP, L	LC
SUBJE		f Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
	rane o	Ellined Eldonity Company	
The end	closed Articles of Organization and fee	(s) are submitted for filing.	
Please	return all correspondence concerning th	nis matter to the following:	
	_		
	IAME	3 K. OWEN	
	277700	Name of Person	
		Number 1 etsen	
		Firm/Company	
	215	2 NE 3rd ST.	
	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	Z NE D - 31.	
		Address	
		21100	
	OCA.	LA FL 34470 City/State and Zip Code 5@ OCALAMLS . Co.	
		City/State and Zip Code	
	TANE	OCALANIS CO	
	E mail address: (to be	e used for future annual report notifica	etion)
	E-man address. (to be	e used for future aimual report notifier	ation)
For fur	ther information concerning this matter	, please call:	
	J	•	
_	TAMES V OWOL	350 enc. ex	105
	TAMES K. DWGN	at (332) 6/3 64	-73
	Name of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
\$125.0	0 Filing Fee \$\Bigsim\$\$130.00 Filing Fee	& □\$155.00 Filing Fee &	□\$160.00 Filing Fee,
Ψ123.0	Certificate of Statu		Certificate of Status &
	Cyrintedia di Dissi	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed
	Mailing Address	Street/Courier Add	PPC
	Registration Section	Registration Section	1 Aug
	Division of Cornorations	Division of Cornora	tions

Registration Section
Division of Corporations
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

ARTICLE I - Name: The name of the Limited Liability Company is:			
352 R	EALTY GR	roup, LLC	
(Must end with the words	"Limited Liability Co	mpany, "L.L.C.," or "L	LC.")
ARTICLE II - Address:			
The mailing address and street address of the pr	incipal office of the L	imited Liability Compa	ny is:
Principal Office Address:	Mailing .	Address:	
2452 NE 3rd ST		SAME	
OCALA FL 34470			
(The Limited Liability Company cannot serve as another business entity with an active Florida re	egistration.)	rgent. You must design:	ate an individual or
The name and the Florida street address of the r	_	,	
JAMES	K. OWEN	'	
2452	NE 3ª S	Τ.	
Florida street address (
OCALA	FL	34470	
City		Zip	
	eby accept the appoint rovisions of all statutes	ment as registered agen s relating to the proper on my position as registered	t and agree to act in thi. and complete performan
	ONTINUED) Page I of 2		14 NOV I

"AMBR" = Authorized Member "MGR" = Manager "MGR" = Manager "MGR" = Manager "MGR" = Manager "AMBS K. QWEN 2452 NE 3 CT CALA FL 34470 "CICLE VI: Effective date, if other than the date of filing: "MOV 6, 2014 (OPTIONAL) a effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days late of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document 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.) TAMES K. QWEN Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		OCALA FL 34470
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