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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF CORPORATIONS

15 JAN -9 AM 10: 47

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JAN - 9 2015

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Name of Lin	nited Liability Company	AL ESTATE BY
The enclosed Articles	of Organization and fee(s) and	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
	EDWAD)	Name of Person	FCOAT
	10633	Firm/Company	R
	DRLAND	Address OFA City/State and Zip Code	32821
ech	E-mail address: (to be use	of future annual report notifies	DALL. com
For further informatio	n concerning this matter, ple	ase call:	
EDWARD	1 TEFFERAR	-321-246	8654
Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:	,	
□ \$125.00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		a	•

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 Liabil	ity Company is:						
CENTRAL F.	ORINA I	REAL O	STAT	5 R	201	∕ €(4
	with the words "Limite			.," or "LLC."		75/	,
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Li	mited Liabilit	y Company is:	:		
Principal Office Address:	4	Mailing A	Address:				_
10633 WIM	10202 PC		100	63W	/alds	5890	P
ORCHIVED,	3282	<u> </u>	OR	CAN	Ef F		282
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its ow active Florida registrat	vn Registered A cion.)	l Agent's Sign gent. You mus	nature: st designate an	i individual c)r	
	Exuse	ر الم	TE		002	_	
•	Nan	ne		FAC	e sous		
	18633	3 11/11	VDOR	_ Sel-	•		
l [.] lorida	a street address (P.O. B	ox <u>NOT</u> accept	able) 74 .	^ /			
	City	FL	Zip	2/			
Having been named as register the place designated in this cupacity. I further agree to co of my duties, and I am famili	certificate, I hereby accomply with the provision ar with and accept the c	ept the appointn is of all statutes	ent as registe relating to the	red agent and proper and co	agree to act implete perfo	in this ormance	,
	Registered Agent's Sign	nature (REQUII) ·	1	con	P	
	(CONTIN	(UED)				15 JAN	<u> </u>
	Page 1 o	of 2				b	
					o i	37	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	18637 WINDSOR F
	ORCANDO FL. 32
The second secon	
	
(Use attachment if necessary)	
IFV. Effective date if other than the date of filing	; (OPTIONAL)

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

Signature of a member or an authorized representative of member.

(In accordance with section 605.0203 (1) (b), Forida 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.)

Typed or printed name of signee

i yped or printed name of sign

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)

Page 2 of 2

5 JAN -9 AN 10: 59

TEST.