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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>L//S</u>	eRty Real R	Estate Seku) ited Liability Company	ces 1/c
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
	Shaun	M. Thomps Name of Person	ON
	6 1 Berty	Name of Person Peal Estate Firm/Company	Services 110
	6746 B	Address A	1100
	Naples Fo	ity/State and Zip Code	
		SON 99 @ G.Mu. 1 I for future annual report notifica	
For further information	concerning this matter, plea	se call:	
Shaun M Name	Thompsowat (_	778) 2/2 − 5/- Area Code Daytime Tel	ephone Number
Enclosed 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)
Maili	ng Address	Street/Courier Addi	ress

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:

STEP AND TO Bexty Real Estate Services LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Shave M. Thompson

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Registered Agent's Signature (REOUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	ShauN M. Thompson
7-100	6746 Leat Stass A
	DUP/125 FC 3 4/13
	
EV: Effective date, if other than the date tive date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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ARTICLE IV-