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(Re	equestor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
, PICK-UP	☐ WAIT	, MAIL
(Bu	siness Entity Na	ame)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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Registration Section
Division of Corporations

SUBJECT: Real E	state Referral Team LLC		
		nited Liability Company	*************************************
	of Organization and fee(s) a	_	
Please return all corre	espondence concerning this m	atter to the following:	
Mary Lu	ster		
		Name of Person	
Real Est	ate Referral Team LLC		
 		Firm/Company	
8918 Jo	nathan Manor Drive		
		Address	
Orlando,	FL 32819		
	C	City/State and Zip Code	
maryluster@me			
	E-mail address: (to be use	d for future annual report notification	ation)
For further information	on concerning this matter, plea	ase call:	
Mary Luster	at (407) 488-4069	
Nar	ne of Person		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)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mo	iling Address	Street/Courier Add	WARE

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 Liability Company is:	
• • •	
Real Estate Referral Team LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8918 Jonathan Manor Drive Orlando, FL 32819	Same
	R Designatures DV -
(The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered. Mary Luster	SS N
Name	T S I
8918 Jonathan Manor Drive	SO SO
Florida street address (P.O. Box	NOT acceptable)
Orlando	FL 32819
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	twice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in the er 605, F.S

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized N	1ember	Name and Address:	
"MGR" = Manager			
MGR		Mary Luster	
		8918 Jonathan Manor Drive	
		Orlando, FL 32819	
			
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			15 AE
			<u> </u>
			23 AR (SS
			H
			55
(Use attachment if necess)) ATF.
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RTICLE IV-

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