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2015 JAN 30 PH 12: 20 SECRETARY OF STATE

J. HARRIS

## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:		, AL PROPERTY SALES, LLC. mited Liability Company	·
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this n	natter to the following:	
		Mark Goldberg Name of Person	
-		Firm/Company	
-	7512 [	Or Phillips Blvd, Suite 50-634 Address	
-		Orlando, FL 32819 City/State and Zip Code	
		dobroker17@gmail.com d for future annual report notifica	ation)
For further i	nformation concerning this matter, ple	ase call:	
Mark Goldi	Name of Person	321 ) 517-0001 Area Code Daytime Te	lephone Number
Enclosed is a \$125.00 Fili	a check for the following amount:  ng Fee   \$\sumsymbol{\sumsymbol{1}}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
INTERNATIONAL PROPERTY SALES, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7512 Dr Phillips Blvd, Suite 50-634 Orlando, FL 32819	7512 Dr Phillips Blvd, Suite 50-634 Orlando, FL 32819
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered as	egistered Agent. You must designate an individual or
<u>Mark Goldberg</u> Name	
7512 Dr Phillips Blvd. Suite 50 Florida street address (P.O. Box M	
Orlando	FL 32819
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in +605, F.S
The state of the s	7-7,

(CONTINUED)

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SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Mark Goldberg
	7512 Dr Phillips Blvd, Suite 50-634 Orlando, FL 32819
E V: Effective date, if other than the datective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date cive date is listed, the date must be of filing.)	specific and cannot be more than tive business days prior to or 90 d
E V: Effective date, if other than the datective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	specific and cannot be more than tive business days prior to or 90 d
E V: Effective date, if other than the date trive date is listed, the date must be of filing.)  E VI: Other provisions, if any.	specific and cannot be more than tive business days prior to or 90 d
E V: Effective date, if other than the date ctive date is listed, the date must be if filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	nember of an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of all (In accordance with section constitutes an affirmation up I am aware that any false interests.)	specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date of the date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of all (In accordance with section constitutes an affirmation up I am aware that any false interested in the date of the	nember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of al (In accordance with section constitutes an affirmation ur I am aware that any false introduced in the constitutes at the constit	nember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  BERG

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