U5000077035

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



400272139054

04/24/15--01013--024 **125.00

FILED

15 APR 24 PM 5: 30

SECRETARY OF STATE

MAY 01 2015 S. YOUNG

EFFECTIVE DATE

To: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: ME Realty Holdings, LLC Articles of Organization

Date: April 21, 2015

To Whom It May Concern:

Included are the completed filing forms to create an LLC in the name of ME Realty Holdings, LLC. Also included please find a check in the amount of \$125.00 for the filing fee for the Articles of Organization and Designation of Registered Agent.

Sincerely,

Stephen Bromley

Coastal Properties



COVER LETTER

	ation Section 1 of Corporations		
SUBJECT:	ME REGLTU HO	LDINGS, LLC	
	Name of Lir	nited Liability Company	
The enclosed Art	icles of Organization and fee(s) a	re submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
	STEPHEN BROMLE	N	
		Name of Person	
	DASTAL PROPERTIE	S, Iuc.	
		Firm/Company	
3	900 NW 2na	Avenue	
		Address	
<u> </u>		33127	
	C	City/State and Zip Code	
ste	Shenbromley @ a	d for future annual report notification)	
For further inform	nation concerning this matter, plea		超為了
Tor further inform	nation concerning this matter, piez	ase can.	ANSSESSION
Stephen	Bromley at (305, 403-4225	
	Name of Person	Area Code Daytime Telephone Num	iber OPT 5.
Enclosed is a che	ck for the following amount:		200
☐ \$125.00 Filing F	ee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Certific (additional copy is enclosed) Certified	Filing Fee, ate of Status & d Copy I copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limit	ted Liability Company is:			
	ME REAlty Ho	INIOKS . I	10	
	Must end with the words "Limited			LC")
,	wast the water words. Emiles	a Blacking Compan	., 5.5.0., 6. 2	,
The mailing address a	ess: nd street address of the principal of	office of the Limite	d Liability Comp	anv is:
~				,
Principal Office Add		Mailing Addr		A
3900 NW 2	end Ave	3900	nn sug	HVE
Mirmi F	<u>د ر</u>	W! Hm		
22121		3312	1	- "
	rida street address of the registerer Stephen Brown Nam 3900 NW 21 Florida street address (P.O. Bo	d agent are: h ley e h Ave	33127	15 APR 24 PR SECRETARY OF TALLAHASSEE
	City	<u> </u>	Zip	15 Si
the place designate capacity. I further a	as registered agent and to accept s ted in this certificate. I hereby acce agree to comply with the provisions am familiar with and accept the o Chaj	pt the appointment s of all statutes rela	as registered ager ting to the proper	nt and agree to act in this and complete performance
	Registered Agent's Sign	ature (REQUIRED))	
	(CONTINI	UED)		

Page 1 of 2

Title:	<u>r</u>	Name and Address:		
"AMBR" = Authorized I "MGR" = Manager	Member			
MGR			desoorf	
	_		2nd the	-
	-	Mi Angi, Fl	_ 33 127	
mer		MICHAEL E	brom Ley	
	_	3900 ww 2nd		_
	-	Miami, FL	33127	
	_			_
	-	· -		
	_	· · · · · · - ·		
	_		•	_
(Use attachment if necess	sary)			
fective date is listed, the of filing.)	•	cannot be more than five b		r 90 da
fective date is listed, the o	ate must be specific and o			r 90 da
fective date is listed, the of filing.)	ate must be specific and o			r 90 da
fective date is listed, the of filing.)	ate must be specific and o			r 90 da
fective date is listed, the of filing.)	ate must be specific and o			r 90 da
fective date is listed, the of filing.) LE VI: Other provisions, if	ate must be specific and o			r 90 da
fective date is listed, the of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig	ate must be specific and cany. RE: Constant of a member or as	annot be more than five b	usiness days prior to o	
fective date is listed, the of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance	ary. RE: nature of a member or as with section 605.0203 (1)	annot be more than five be authorized representative (b), Florida Statutes, the ex-	usiness days prior to o	
fective date is listed, the of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware tha	ary. RE: mature of a member or an with section 605.0203 (1) ffirmation under the penalt any false information subr	n authorized representative (b), Florida Statutes, the extess of perjury that the facts mitted in a document to the	usiness days prior to o re of a member. ecution of this documer stated herein are true.	
fective date is listed, the of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a the constitutes as the constitutes	any. RE: mature of a member or an with section 605.0203 (1) ffirmation under the penaltic any false information subired degree felony as provided.	n authorized representative (b), Florida Statutes, the exties of perjury that the facts mitted in a document to the led for in s.817.155, F.S.)	usiness days prior to o re of a member. ecution of this documer stated herein are true.	
fective date is listed, the of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a the constitutes as the constitutes	ary. RE: mature of a member or an with section 605.0203 (1) ffirmation under the penalt any false information subr	n authorized representative (b), Florida Statutes, the exties of perjury that the facts mitted in a document to the led for in s.817.155, F.S.)	usiness days prior to o re of a member. ecution of this documer stated herein are true.	
fective date is listed, the of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a the constitutes as the constitutes	RE: nature of a member or an with section 605.0203 (1) ffirmation under the penaltical any false information subject degree felony as provided as a provided the section of the section o	n authorized representative (b), Florida Statutes, the exties of perjury that the facts mitted in a document to the led for in s.817.155, F.S.)	re of a member. ecution of this documer stated herein are true. Department of State	
fective date is listed, the of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a the constitutes as the constitutes	RE: nature of a member or an with section 605.0203 (1) iffirmation under the penaltical any false information subject degree felony as provided the composite of the composite	n authorized representative (b), Florida Statutes, the exities of perjury that the facts mitted in a document to the led for in s.817.155, F.S.) PESDORF printed name of signee	re of a member. ecution of this documer stated herein are true. Department of State	nt
fective date is listed, the confilling.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a lam aware that constitutes a the constitutes as the confilered constitutes as the constitutes as the constitutes as the confilered constitutes as the confidence constitutes as the	RE: nature of a member or an with section 605.0203 (1) iffirmation under the penaltical any false information subject degree felony as provided to the control of the cont	n authorized representative (b), Florida Statutes, the exities of perjury that the facts mitted in a document to the led for in s.817.155, F.S.) PESDORF printed name of signee ing Fees:	re of a member. ecution of this documer stated herein are true. Department of State	nt APR
fective date is listed, the of filing.) LE VI: Other provisions, if REOUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a the constitutes at the consti	RE: nature of a member or an with section 605.0203 (1) iffirmation under the penaltical any false information subject degree felony as provided to the control of the cont	n authorized representative (b), Florida Statutes, the exities of perjury that the facts mitted in a document to the led for in s.817.155, F.S.) PESDORF printed name of signee	re of a member. ecution of this documer stated herein are true. Department of State	nt APR
Sig (In accordance constitutes a the constitutes at the constitute at the constitutes at the constitute	RE: nature of a member or an with section 605.0203 (1) iffirmation under the penaltical any false information subject degree felony as provided and the section of the sec	n authorized representative (b), Florida Statutes, the exities of perjury that the facts mitted in a document to the led for in s.817.155, F.S.) PESDORF printed name of signee ing Fees:	e of a member. ecution of this documer stated herein are true. Department of State	nt