## 115000106724

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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2015 JUN 19 PH 4: 14
SECRETARY OF STATE

JUN **2.3** 2015 T. BROWN

## COVER LETTER

	Registration Division of C				
SUBJEC		al Estate LLC			
SOBJEC		Name of Lir	nited Liabili	y Company	
The enclo	sed Articles o	of Organization and fee(s) ar	e submitted	for filing.	
Please ret	urn all corres	pondence concerning this ma	atter to the fo	ollowing:	
	Neil E Ma	sse			
	<u></u>		Name of	Person	
	CNN Real	Estate LLC			
			Firm/Cor	npany	
	5324 SW 3	rd Ave			
			Addre	ss	
	Cape Cora	l FL 33914			
	neil@cnn-re	calestate.com	City/State and	Zip Code	
		E-mail address: (to be used	for future ar	nual report notificat	ion)
For further	information o	oncerning this matter, please	e call:		
	Neil E Mas	se 2:	39	699-0589	
	Na		rea Code	Daytime Telephon	e Number
Enclosed	is a check for	the following amount:			
\$125.001	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	) Filing Fee & d Copy l copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mail</u>	ing Address	<u>9</u>	Street Address	

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:	元 ア (
• • •	<b>1</b> . (
	•
CNN Real Estate "LLC"	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
•	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 5324 SW 3rd Ave	Mailing Address: 5324 SW 3rd Ave
5324 SW 3rd Ave	5324 SW 3rd Ave
5324 SW 3rd Ave Cape Coral FL	5324 SW 3rd Ave Cape Coral FL
5324 SW 3rd Ave Cape Coral FL 33914	5324 SW 3rd Ave Cape Coral FL 33914
5324 SW 3rd Ave Cape Coral FL	5324 SW 3rd Ave Cape Coral FL 33914  tered Agent's Signature:
5324 SW 3rd Ave Cape Coral FL 33914  ARTICLE III - Registered Agent, Registered Office, & Regis	5324 SW 3rd Ave Cape Coral FL 33914  tered Agent's Signature:

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

Name

5324 SW 3rd Ave

Neil E Masse

Florida street address (P.O. Box NOT acceptable)

Cape Coral FL 33914
City State Zip

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 Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	
"MGR" = Manager	N TEM
MGR	Neil E Masse
	5324 SW 3rd Ave
	Cape Coral FL 33914
ANADD	Covalina C. Ciandanata
AMBR	Carolyn G Giandonato 5324 SW 3rd Ave
	Cape Coral FL 33914
	Cape Colai i E 33914
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(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Effective date, if other than	the date of filing: (OPTIONAL)
LE V: Effective date, if other than fective date is listed, the date me of filing.) If the date inserted in this block dument's effective date on the Dep	st be specific and cannot be more than five business days prior to or 90 days af
LE V: Effective date, if other than fective date is listed, the date moof filing.) If the date inserted in this block dument's effective date on the Department.	est be specific and cannot be more than five business days prior to or 90 days after sees not meet the applicable statutory filing requirements, this date will not be lister artment of State's records.
LE V: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block dument's effective date on the Department. LE VI: Other provisions, if any.	est be specific and cannot be more than five business days prior to or 90 days after sees not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.
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LE V: Effective date, if other than fective date is listed, the date must of filing.) if the date inserted in this block dument's effective date on the Dep LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance constitutes an a I am aware that constitutes a thi	of a member or an authorized representative of a member.  with section 605.0203 (1) (b), Florida Statutes, the execution of this document filmation under the penalties of perjury that the facts stated herein are true.  any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)