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(Re	equestor's Name)	
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJ	ECT: Saxon 2 Real Estate Holdings, LLC. Name of Limited Liability Company
The en	aclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Bill Antar CPA Name of Person
	Cape Coral Tax & Accounting Services, LLC. 3306 Del Prado Blvd. South Cape Coral, FL 33904
	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
_1	Name of Person at (239) 540-7500 Area Code & Daytime Telephone Number
	osed is a check for the following amount: 00 Filing Fee \$\bigsup \\$130.00 Filing Fee & Certificate of Status \$\bigsup \\$ (additional copy is enclosed) \$\bigsup \\$ (additional copy is enclosed)
	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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAXON 2 REAL ESTATE HOLDINGS L.LC 1819 SE 111TH AVE CAPE CORAL, FL 33990

ARTICLE II - Address:

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

SAXON 2 REAL ESTATE HOLDINGS LLC 1819 SE 111TH AVE CAPE CORAL, FL 33990

Principal Office Address: Mailing Address:

1819 SE 111TH AVE CAPE CORAL, FL 33990

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

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

BILL ANTAR, CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

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.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

INA P HARRIS (Managing Member) 1819 SE 111TH AVE CAPE CORAL, FL 33990

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ina I TIUTHS

Typed or printed name of signee

30 Jul 2015