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(Req	uestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

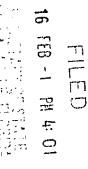
Office Use Only

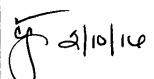
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	w c	COVER LETTER					
	egistration Section ivision of Corporations						
SUBJECT	REIC LLC						
SUBJECT		Limited Liability Company					
The enclos	ed Articles of Organization and fee(s)) are submitted for filing.					
Please retu	rn all correspondence concerning this	s matter to the following:					
	Adam Naim						
		Name of Person					
	Naim Family Trust						
	Firm/Company						
	9703 SW 8th Avenue						
		Address					
	Gainesville, FL 32607						
		City/State and Zip Code					
-	adam@naim.net	sed for future annual report notification)					
For further in	nformation concerning this matter, ple	, ,					
	Adam Naim	732 2360336					
	Name of Person	Area Code Daytime Telephone Number					
Enclosed is	s a check for the following amount:						
\$125.00 Fi	-		d)				
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	- ; [



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2015

ADAM NAIM 9703 SW 8TH AVENUE GAINESVILLE, FL 32607

SUBJECT: REIC LLC

Ref. Number: W15000079097

We have received your document for REIC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

16 FEB - LANGE VED

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 615A00025693

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIGLE I - Name:				FILED	
The name of the Limited Liability	y Company is:			16 FEB - 1 PH 4: 01	
Naim REIC LLC				<u>- Quadio 1900 a</u> professor	
(Must end	with the words "Limited	l Liability Compar	ıy, "L.L.C.," or "LLC.")	<u>- Registral da a</u> de Chate - Albana de La Lagada	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal of	office of the Limite	ed Liability Company is:		
Principal Office Address:			Mailing Address:		
	9703 SW 8th Avenue		9703 SW 8th Avenue		
Gainesville FL 3260	Gainesville FL 32607 Gainesville FL 32607		inesville FL 32607		
The name and the Florida street a	address of the registered	,			
	Bernard Naim				
	2578 NW 138 Terra	ce			
	Gainesville	FL	32606		
	City	State	Zip		
Having been named as registered of place designated in this certificate,					

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** Naim Family Trust 9703 SW 8th Ave Gainesville, FL 32607 MGR Adam Naim 9703 SW 8th Ave Gainesville, FL 32607 Bernard Naim MGR 2578 NW 138 Terrace Gainesville FL 32606 MGR Elie Naim 2578 NW 138 Terrace Gainesville, FL 32606 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 11/27/2015 02/01/2016 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:

ARTICLE IV-

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Adam Naim

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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