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(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
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Certified Copies	Certificates of Status
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SECRETARY OF STATE

02/24/16

COVER LETTER

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	ReaLand Investors Group, LLC			
SUBJECT		Limited Liabili	ty Company	
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.	
Please retur	n all correspondence concerning this	matter to the fo	ollowing:	
	Nasi Lesku			
		Name of	Person	
	· ·	Firm/Cor	npany	
	4400 N Federal Hwy, Suite 210-25			
	<u></u>	Addre	ess	
	Boca Raton, FL 33431			
8	ılesku@aol.com	City/State and	l Zip Code	
_	E-mail address: (to be us	sed for future ar	nual report notificati	on)
For further in	formation concerning this matter, ple	ease call:		
	Nasi Lesku at (954	537-3571	
-	Name of Person	Area Code	Daytime Telephone	e Number
Enclosed is	a check for the following amount:			
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	LICertifie	Filing Fee & d Copy l copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ReaLand Investors (Group, LLC with the words "Limited	L ighility Company	"IIC "or "IC")
(terust clid	with the words Eminted	Liability Company	, L.I.C., Of ELC.)
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
4400 N Federal Hwy	y, Suite 210-25	same	:
Boca Raton, FL 334			
The Limited Liability Company	cannot serve as its own	Registered Agent. Y	nt's Signature: You must designate an individual or
The Limited Liability Company mother business entity with an a	y cannot serve as its own active Florida registratio	Registered Agent. \(\) n.)	nt's Signature: You must designate an individual or
The Limited Liability Company mother business entity with an a	y cannot serve as its own active Florida registratio	Registered Agent. Y	nt's Signature: You must designate an individual or
The Limited Liability Company mother business entity with an a	cannot serve as its own active Florida registratio address of the registered	Registered Agent. Y	nt's Signature: You must designate an individual or
The Limited Liability Company mother business entity with an a	cannot serve as its own active Florida registratio address of the registered	Registered Agent. Yon.) I agent are: ney at Law Name	nt's Signature: You must designate an individual or
The Limited Liability Company mother business entity with an a	cannot serve as its own active Florida registration address of the registered Paul Klemow, Attorn	Registered Agent. You n.) I agent are: ney at Law Name	You must designate an individual or
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered Paul Klemow, Attorn 1602 10th Avenue N	Registered Agent. You n.) I agent are: ney at Law Name	You must designate an individual or

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

SECRET DAY OF STATEMENT OF STAT

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Nasi Lesku
***************************************	3765 Elizabeth Street
	Palm Springs, FL 33461
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	, , , , , , , , , , , , , , , , , , , ,
(11 ()	
(Use attachment if necessary)	
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CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the effective date is listed, the date must bute of filing.)	e specific and cannot be more than five business days prior to or 90 days after
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ICLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does no cument's effective date on the Departm ICLE VI: Other provisions, if any. ICLE VI: Other provisions,	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a tent of State's records. Imarily established to invest in real estate but chartered to conduct any member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does recument's effective date on the Department's effec	especific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed tent of State's records. Imarily established to invest in real estate but chartered to conduct any member or an authorized representative of a member. The ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

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)