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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

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Div	ision of Corporations			
SUBJECT:	New Florida Realty, LLC			
	Name o	f Limited Liabili	ty Company	
The enclosed	d Articles of Organization and fee(s) are submitted	for filing.	
Please return	all correspondence concerning th	is matter to the fo	ollowing:	
1	Logan Rhea			
_		Name of	Person	
1	New Florida Realty, LLC			
-		Firm/Cor	прапу	
	4302 Henderson Blvd. Suite 120,	Гатра, FL 33 62	9	
_		Addre	ess	
	Tampa, FL 33629			
lo	ganrhea@hotmail.com	City/State and	1 Zip Code	
	E-mail address: (to be	used for future a	nnual report notification)	
For further inf	ormation concerning this matter, p	lease call:		
. 1	ogan Rhea	813 t (451 3294)	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a	a check for the following amount:			
\$125.00 Fili	ng Fee \$130.00 Filing Fee Certificate of Status	s ——Certifie	l copy is enclosed) Certified Co	f Status &
	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

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)	ARTICLE I - Name:				
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 4302 Henderson Blvd. Suite 120 Tampa, FL 33629 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Logan Rhea Name 210 S Moody Ave Apt. 1 Florida street address (P.O. Box NOT acceptable) Tampa FL 33609 City State Zip Idaving been named as registered agent and to accept service of process for the above stated limited liability company at the blace designated in this certificate, 1 hereby accept the appointment as registered agent and agree to act in this capacity. I interfer agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I im familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Registered Agent's Signature (REQUIRED)	The name of the Limited Liab	ility Company is:			
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Registered Agent's Signature (REQUIRED)	urther agree to comply with the im familiar with and accept the	provisions of all statutes r obligations of my position	as registered	proper and complete performance of n agent as provided for in Chapter 605,	ry aunes, ana 1 F.S
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CONTINUED		Regis	tered Agent's	Signature (REQUIRED)	
(CONTINUED)					
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Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Logan Rhea
	210 S Moody Ave Apt.1
	Tampa, FL 33609
·····	
	······································
(Use attachment if necessary)	
EV: Effective date, if other than the date of filing	g: (OPTIONAL)
	nd cannot be more than five business days prior to or 90 o

REOUIRED SIGNATURE:

The second

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.

Lam aware that any false information submitted in a document to the Department of State

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.

nates a time degree teletiy as provided for hi s.o. 7.155, 1.5.

Logan Rhea

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)