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## COVER LETTER

	USA Florida Real Estate, LLC	
SUBJECT	T: Name of Limited Liability Company	
The analog	and Arrisha of Organization and factor are substituted for filling	
	urn all correspondence concerning this matter to the following:	
rica.se rece	Pamela Costa	
	Name of Person	
	USA Florida Real Estate, LLC	
	Firm/Company	
	105 Wild Hickory Lane	
	Address	
	Longwood, FL 32779	
	City/State and Zip Code	<del></del>
	PamelaJCosta@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further i	information concerning this matter, please call:	
	Pamela Costa 407 965-9462 at (	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee Certificate of Status (additional copy is enclosed) S160.00 Filing Fee Certificate of Status (additional copy is enclosed)	18 &
	Mailing Address New Filing Section  Street Address New Filing Section	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahussee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:				
	USA Flori <u>da Re</u> a	l Estate, LLC			
(Must conta	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·	
ARTICLE II - Address: The mailing address and street address	dress of the principal o	office of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
105 Wild Hickory Lane		105	Wild Hickory Lane		
Longwood, FL 32779			wood, FL 32779		
(The Limited Liability Company of another business entity with an active mame and the Florida street active materials.	etive Florida registration ddress of the registere	on.)	e	dividual or	
		<del></del>	•		
	Longwood	FL,	32779 Zip	74. 14. 14.	
Having been named as registered ay place designated in this certificate. I further agree to comply with the pro um familiar with and accept the obl.		Inel A Co	above stated limited liabiled agent and agree to act if and complete performances provided for in Chapter  Gaute (REQUIRED)	I NOV 20 AM 1: 07  CREATING AREA OF STATE 605, F.S., FLORIDA	FILED

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- / 1	r I		S., I	l all'a	I 7 -

The name and address of each person authorized to manage and control the Limited Liability Company:

TRE: "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	
"Founding Member"	Pamela Costa
Tourist Wichioe	105 Wild Hickory Lane
	Longwood, FL 32779
	Edigwood, FC 52777
"Founding Member"	Patricia George
· outlandemile	3527 Cobblewod Court
	Winter Park, FL 32792
	Time Time, 10 Sarva
(Use attachment if necessary)	
( Ose dederment in necessary )	
TICLE V: Effective date if other than the da	ite of filing: 11/14/2017 (OPTIONAL)
	specific and cannot be more than five business days prior to or 90 days after
date of filing.)	Francisco de la companya de la comp
	t meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Departmen	
·	
FICLE VI: Other provisions, if any.	
	<u> </u>
	<b>P</b> <sup>27</sup> <b>2</b>
<u>reouired</u> signature: /	N V AAA V T
REQUIRED SIGNATURE:	DV 20 ASSI
	AHASSEE ARY
Signature of a r	nuember or an authorized representative of a member.
Signature of a r This document is exec	nuember or an authorized representative of a member.
Signature of a r This document is exec I am aware that any fa	nuember or an authorized representative of a member.
Signature of a r This document is exec I am aware that any fa	nyember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida States lse information submitted in a document to the Department of the provided for in s.817.155. F.S.
Signature of a r This document is exec I am aware that any fa	number or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida States lise information submitted in a document to the Department of the provided for in s.817.155. F.S.
Signature of a r This document is exec I am aware that any fa	nyember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida States, lse information submitted in a document to the Department of the provided for in s.817.155. F.S.

- Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)