



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FAB REAL ESTATE SOLUTIONS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Miller Fox

Name of Person

FAB REAL ESTATE SOLUTIONS, LLC

Firm/Company

3300 NW 21st Avenue

Address

Gainesville, FL 32605

City/State and Zip Code

amfox19@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Miller Fox      352      256-4947  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee      ☒ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

**FAB Real Estate Solutions, LLC**  
P.O. Box #27740  
Las Vegas, NV 89126

**Entity Number E0504162014-7**  
**NV Business ID NV20141620668**

Attention: Florida Department of State

01-January-2018

**AUTHORIZATION FOR USE OF NAME**

Dear Ms. Brittany Figueroa,

Please let it be known that as the manager of "FAB Real Estate Solutions, LLC" (a Nevada Limited Liability Company), which was foreign-filed to conduct business within the great state of Florida (Document Number M14000008125), I do hereby grant authorization (to ourselves) to make use of the same name in the formation of a new domestic Florida Limited Liability Company with the same name "FAB Real Estate Solutions, LLC".

If you should have any questions or concerns with regard to this AUTHORIZATION FOR USE OF NAME please feel free to contact me. Thank you-



Alex Miller Fox  
(352) 256-4947

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAB REAL ESTATE SOLUTIONS, LLC

(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:

3300 NW 21st Avenue  
Gainesville, FL 32605

3300 NW 21st Avenue  
Gainesville, FL 32605

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:

Alexander Miller Fox

Name

3300 NW 21st Avenue

Florida street address (P.O. Box **NOT** acceptable)

Gainesville,

FL

32605

City

State

Zip

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..

Alex Fox

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 JAN -5 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

The Bluth Company, Inc

701 South Carson Street (Suite #200)

Carson City, NV 89701

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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:**



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.

Alexander Miller Fox

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)

FILED  
18 JAN -5 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA