L-18000139552

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_

Office Use Only



500313620105

05/23/18--01018--008 **125.00

יאסטררי וי רטוישון

CALTARY OF STATE LAHASSEE, PLORIDA

* IL E D



COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	Tolder Real Estate Group, LLC Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	um all correspondence concerning this matter to the following:
	Mose Joiner
	Name of Person
	Joiner Real Estate Glaup, LLC
	Firm/Company
	5092 Leeward Way
	Address
	Orlando, FL 32809
	City/State and Zip Code
	mjoiner.jt@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Mose Joiner 863 634-1000
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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
Tallabassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	177	ť	No	T-4 ()
$\Lambda K I I$. H.		• •	m

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
123 S.W. Park St.	5092 Leeward Way
Okeechobee, FL 34972	Orlando, FL 32809

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:

Mose Joiner		
	Name	
5092 Leeward Wav		
Florida street addres	ss (P.O. Box NOT a	cceptable)
Orlando	FL	32809
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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Λ	D	T	ſſ	ľ	F	IV	<i>-</i>
/3	п		и.			1 7	_

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

	Title:	M	Name and Address:		
	"AMBR" = Authorized	Member			
	"MGR" = Manager		Lasha Boree		
	AMBR		123 S.W. Park St		
			Okeechobee, FL 34972		
			ORECTIONEC, PL 34972		
	MGR		Mose Joiner		
	···	•	5092 Leeward Way		
			Orlando, FL 32809		
				253	~3
				22 S	
		•		<u> </u>	<u></u>
				# []	≧
				S	JUN -8
				SS	ထ်
		•		iu	
					=
				- C	
	(Use attachment if nece	ssary)		25 000	AH 11: 45
, DTICI	rev reculus dan ita	al share share data of filians	g May 25, 2018 . (OPTIONAL)	136	
AKTIÇI	LE V: Enecuve date, if o	ther than the date of filing	(Of HONAL)	ar ON dave	after
		date must be specific an	d cannot be more than five business days prior to	JI 70 days	antti
the date	of filing.)	. 1. 1 1	and leading to the date with a secure ments this date with	II not be li	sted as
Note: 1	f the date inserted in this	block does not meet the	applicable statutory filing requirements, this date wi	II HOLDE II.	sicu as
the docu	ament's effective date on	the Department of State	's records.		
. DTLC	r P \$7F Ode	:F			
AKTICI	LE VI: Other provisions,	ii any.			
	<u> </u>				_
					_
			_		_
	REQUIRED SIGNAT	TIRE:	Í		
		Mo	re journer.		
	C	ignature of a member of	r an authorized representative of a member.		
	This do	oguature of a member of	ecordance with section 605.0203 (1) (b), Florida Stati	utes.	
	I am av	vare that any false inform	ation submitted in a document to the Department of S	State	
	constit	utes a third degree felony	as provided for in s.817.155, F.S.		
	3 4 4 1		•		

Filing Fees:

Typed or printed name of signee

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Mose Joiner