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2018 OCT -5 AM 8: 42 SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Judith O'Meally Name of Person
JOEDB Real Estate Investors Firm/Company
6440 Dogwood Lane
Lake Worth, FL. 33462 City/State and Zip Code
JODB investors 26@ cymail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
	JOE DBReo	d Estate I	Investors LLC.
(Must contain	n the words "Limited Lia	ability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principal offi	ce of the Limited I	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
Lake W	gwood Lane Jorth, Fk 3346		6440 Dogwood Lane Lake worth, FC 33462
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its own R	egistered Agent. Y	t's Signature: 'ou must designate an individual or
The name and the Florida street ad	Judith	gent are: O'Mead Name	ly
	6440 Dagu	opped lane	<u>.</u> ,
	Florida street address (P.O. Box NOT ac	ceptable)
	Lake Wo	oth FL.	33462
	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)

2018 OCT -5 AM 8: 42 SECRETARY OF STATE

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Tudoth D'Meally
	6440 Daywood Cane
	Call Worth, FC 2346C
1.100	
AMBR	<u> Veborah Sott</u>
 _	6440 Dogwood Lane
	Lake Worth, FL 33462
	
(Use attachment if necessary)	
	math = 4 3018
CLE V: Effective date, if other than the	date of filing: October 4, 2018 (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: October 4, 2018 (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days
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CLE V: Effective date, if other than the effective date is listed, the date must be the of filing.) If the date inserted in this block does recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: This document is explain aware that any	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
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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)