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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO;	New Filing Section Division of Corporations	
SUBJE		REAL ESTATE imited Liability Company
The enc	losed Articles of Organization and fee(s)	are submitted for filing.
Please r	eturn all correspondence concerning this r	natter to the following:
	Deidre	Dockery Name of Person
		Firm/Company
	PO Box	330455 Address
	Atlantic R Obsessed with Real E-mail address: (to be use	Seach FL 32233 City/State and Zip Code Estate 904@ gmail. Com ed for future annual report notification)
For furth	er information concerning this matter, plea	
i or radia.	Dee Dockery all	904) 372-8822 Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	•
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

DEE BUYS REAL ESTATE LLC.

(Must contain 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:

2130 Mayport Rd. #608

Tacksonville, FL.

32233

Mailing Address:

PO Box 330455

Atlantic Beach, FL.

32233

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:

Deidre Dockery
Name

2130 Mayort Rd. #(c08)
Florida street address (P.O. Box NOT acceptable)

SackScoville FL: 3,3333

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..

Deidie Dockery
Registered Agent's Signature (REQUIRED)

(CONTINUED)

9 MAR 26 AM 3: 06

"AMBR" = Authorized N	Name and Address: Member
"MGR" = Manager AMBR	Deidre Dockery
	PO Box 330455 / Atlantic Beach, FL. 32233
	
(Use attachment if necess	sary)
ICLE V: Effective date, if of	her than the date of filing: $3/9/2019$ (OPTIONAL)
CLE V: Effective date, if off effective date is listed, the d	
CLE V: Effective date, if our effective date is listed, the date of filling.) If the date inserted in this begins to the date inserted in the date inserted in this begins to the date inserted in this begins to the date inserted in this begins to the date in the date in the date.	her than the date of filing: 3/9/2019 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 day block does not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if our effective date is listed, the date of filling.) If the date inserted in this begins to the date inserted in the date inserted in this begins to the date inserted in this begins to the date inserted in this begins to the date in the date in the date.	her than the date of filing: 3/9/2019 (OPTIONAL) date must be specific and candot be more than five business days prior to or 90 day
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constitutes a third degree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

<u>Deidre Dockery</u>
Typed or printed name of signee

Filing Fees:

as