

8/30/2019

To: 378 408 550 Fax: 1 508 601 1

Division of Corporations

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Florida Department of State
Division of Corporations
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To:
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: michael@cleeman.com

19 AUG 30 PM 4:03
FLORIDA
SECRETARY OF STATE
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FLORIDA LIMITED LIABILITY CO.
Cleeman Realty Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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AUG 30 2019

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cleeman Realty Group 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:

16485 Collins Avenue

Tower 3, Apt: WS-3C

Sunny Isles Beach, FL 33160

Mailing Address:

16485 Collins Avenue

Tower 3, Apt: WS-3C

Sunny Isles Beach, FL 33160

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:

Michael Cleeman

Name

16485 Collins Avenue, Tower 3, Apt: WS-3C

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

Sunny Isles Beach

FL

33160

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..

/s/ Michael Cleeman

Registered Agent's Signature (REQUIRED)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael Cleeman

16485 Collins Avenue Tower 3 Apt: WS-3C

Sunny Isles Beach, FL 33160

(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:

/s/ Michael Cleeman

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.

Michael Cleeman

Typed or printed name of signer

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)

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