L19000253654

(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:	\neg

Office Use Only

J DENNIS

OCT 22 2019



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19 OCT -8 PH 3: 11.

COVER LETTER

TO: New Filing Section Division of Corporations	13 OCT -8 PH 3: 1
SUBJECT: ENT Real Estate LLC	
Name of Limited Liab	ility Company
The enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	following:
Erin N Traff	
Name (f Person
ENT Real Estate LLC	
Firm/C	ompany
11405 LakeShore Dr	
Add	ress
Hollywood, FL 33026	
•	nd Zip Code
nikki.traff@yahoo.com E-mail address: (to be used for future	ongual round notification)
	annual report northeatton)
For further information concerning this matter, please call:	
Erin N Traff 407	252-8335
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
	00 Filing Fee & \$160.00 Filing Fee. Gertificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ne of the Limited Liability Company is:	13 OCT -8
ENT Real Estate LLC	13 00
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
LE II - Address:	of the Limited Liability Company is:
LE II - Address: ling address and street address of the principal office o Principal Office Address:	of the Limited Liability Company is: Mailing Address:
ling address and street address of the principal office o	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Registered Age	nts Inc.	
N	ame	
7901 4th St N	STE 300	
Florida street address (F	P.O. Box NOT ac	cceptable)
St. Petersburg	FL	33702
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 Agents Inc.

- Assistant Secretary

Bill Havre

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address: 13 CCT - 9 Pin 3: 1
"MGR" = Manager	
MGR	Erin N Traff
	11405 Lakeshore Dr
	Hollywood, FL 33026
-	
E V: Effective date, if other than the date of filing:	(OPTIONAL)
ective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the a	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not
ective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ament's effective date on the Department of State's	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not
of filing.)	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not
ective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ament's effective date on the Department of State's EVI: Other provisions, if any.	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not
rective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ament's effective date on the Department of State's E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accounted.	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. attion submitted in a document to the Department of State

as

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)