

L20000367704

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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STATE OF MASSACHUSETTS

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Real 2020 LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis Lyndell Pickett, Trustee  
Name of Person  
Dennis Lyndell Pickett Trust  
Firm/Company  
1207 Balmoral Drive  
Address  
Louisville, KY 40205  
City/State and Zip Code  
DL.Pickett2001@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Lyndell Pickett, Trustee 502 767-3847  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Real 2020 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:

Mailing Address:

1207 Balmoral Drive  
Louisville, KY 40205

1207 Balmoral Drive  
Louisville, KY 40205

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:

Daniel N. Boone

Name

1436 SE 19th Street

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

Cape Coral

FL

33990

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.*

Daniel N. Boone

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

