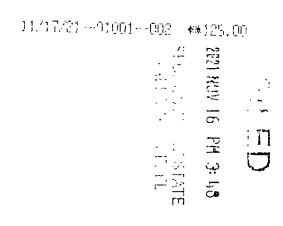
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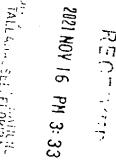
| (Requestor's Name)                      |   |
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| (Address)                               |   |
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| (Address)                               | — |
|   |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       | - |
|   |   |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
| (Boodine Namber)                        |   |
| Certified Copies Certificates of Status |   |
|   |   |
| Special Instructions to Filing Officer: |   |
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Office Use Only



800375788148





### COVER LETTER

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: Real Estate Uibez 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:  |
| Kendrick Blaise / Kendren Blaise Name of Person  |
| Name of Person   |
| Real Estate Viber LCC Firm/Company   |
| Firm/Company   |
| 12420 NE 2nd Ave   |
| Address  |
| Miami, Fhorida 33161<br>City/State and Zip Code  |
| City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| V-1-1-01- 761 222  |
| Name of Person Area Code Daytime Telephone Number  |
| , , ,  |
| Enclosed is a check for the following amount:  |
| S125.00 Filing Fee Status Stat |

## 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

|   | Rc   | al Est  | mt e                   | Vibe-                    | z l                     | nhc        |             |
|---|--|---|------------------------|--------------------------|-------------------------|------------|-------------|
| (Must conta   | in the words "Lim  | ited Liabilit   | ty Compa               | ny, "L.L.C               | C.," or "LLO            | C.'')      |             |
| ARTICLE II - Address:<br>The mailing address and street ad-   | dress of the princi  | pal office of   | t'the Lim              | ited Liabil              | ity Compar              | ıy is:     |             |
| Principa  | Office Address   | :   |                        |                          | Mailin                  | g Addre    | <u>ss</u> : |
| 13  | NE 2nd   | Ave   |                        |                          | ODYCI                   | IA I C     | and Auc     |
| 12420   | <u> </u>   | <del></del>   | -                      | <del>-</del> -           |                         |            | 23141       |
| ARTICLE III - Registered Ages The Limited Liability Company   | nt, Registered Of  | fice, & Reg   | -<br>-<br>gistered Ago | Agent's Si               | gnature:                | FL         | 33161       |
| ARTICLE III - Registered Ages<br>(The Limited Liability Company of<br>another business entity with an ac                                    | nt, Registered Of<br>cannot serve as its<br>ctive Florida regis                        | fice, & Reg<br>sown Regist<br>tration.)                                     | tered Age              | Agent's Si<br>nt. You m  | gnature:<br>ust designa | FL         | 33161       |
| ARTICLE III - Registered Ages<br>(The Limited Liability Company of<br>another business entity with an ac                                    | nt, Registered Of<br>cannot serve as its<br>ctive Florida regis                        | fice, & Reg<br>sown Regist<br>tration.)                                     | tered Age              | Agent's Si<br>nt. You m  | gnature:<br>ust designa | FL         | 33161       |
| ARTICLE III - Registered Ages<br>(The Limited Liability Company of<br>another business entity with an ac-                                   | nt, Registered Of<br>cannot serve as its<br>ctive Florida regis<br>ddress of the regis | fice, & Reg<br>sown Regist<br>tration.)<br>stered agent<br>Kranca<br>Name   | are:                   | Agent's Si<br>ont. You m | gnature:<br>ust designa | FL         | 33161       |
| ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an action of the name and the Florida street a | nt, Registered Of<br>cannot serve as its<br>ctive Florida regis<br>ddress of the regis | fice, & Reg<br>sown Regist<br>tration.)                                     | are:                   | Agent's Si<br>ont. You m | gnature:<br>ust designa | FL         | 33161       |
| ARTICLE III - Registered Ages<br>(The Limited Liability Company of<br>another business entity with an ac                                    | nt, Registered Of cannot serve as its etive Florida regis ddress of the regis          | fice, & Reg sown Regist tration.) stered agent  K coase we have             | are:  Bi  Bi  Box NO   | Agent's Si<br>ent. You m | gnature:<br>ust designa | te an indi | 33161       |
| ARTICLE III - Registered Ages<br>(The Limited Liability Company of<br>another business entity with an ac                                    | nt, Registered Of cannot serve as its etive Florida regis ddress of the regis          | fice, & Reg<br>sown Regist<br>tration.)<br>stered agent<br>Kendaran<br>Name | are:  Bi  Bi  Box NO   | Agent's Si<br>ent. You m | gnature:<br>ust designa | te an indi | 33161       |

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)

81 % HJ 91 ANN 1232

| "AMBR" = Authori   |   |
|--|---|
| 'MGR" = Manager  |   |
| MER  | Krndrick Blaix  |
|  | 12420 NE 2th AUC  |
|  | Miani 15C 33161   |
| M62  | 0:  |
| 71.0   | Kendrew Blaise  12430 WE 2nd Ave  Miumi, FL 3316(   |
|  | 12430 NE 2m Ave   |
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| filing.)   | t, if other than the date of filing: $\frac{11-16-21}{1000}$ . (OPTIONAL), the date must be specific and cannot be more than five business days prior to or 90  |
| f filing.) the date inserted in nent's effective dat E VI: Other provision   | this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.  ons, if any.  |
| f filing.) the date inserted in nent's effective dat E VI: Other provision   | this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.  ons, if any.  |
| f filing.) the date inserted in nent's effective dat E VI: Other provision  REOUIRED SIGN  Th  | NATURE:  Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. m aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.  Kindrick Blaise   |
| f filing.) the date inserted in nent's effective date E VI: Other provision  REOUIRED SIGN  Th   | NATURE:  Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. m aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.  |
| f filing.) the date inserted in the date inserted in the date inserted in the date.  E VI: Other provision is the date in the date.  REOUIRED SIGN The date in the date in the date. | Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. m aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.    Kandrick Blaise   Typed or printed name of signee   Typed or printed |
| f filing.) the date inserted in hent's effective date. E VI: Other provision.  REOUIRED SIGN The I are core.   | NATURE:  Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. m aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.  Kindrick Blaise   |
| filing.) he date inserted in ent's effective dat . VI: Other provision  REOUIRED SIGN  Th  I an  con  \$125.00 Filing F  | NATURE:  Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. m aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.  Kandrick Blaise  Typed or printed name of signce  Filing Fees:  |

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

ARTICLE IV-