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(Ac	ddress)	
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Special Instructions to	Filing Officer	

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COP	Y	
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	FOX REAL ESTATI	E INVESTMENTS LLC DOCUMENT #)	
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COVER LETTER

TO: New Filing Section Division of Corporations								
SUBJECT: FOR REAL ESTATE TOWESTINGS 26								
The enclosed Articles of Organization and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Robert VESTEL								
Name of Person FOX REAL ESTATE INVESTAGES & LLC Firm/Company								
5612 118th st.								
Address A X FZ 32Z44 City/State and Zip Code FOT REALESTATE INVESTMENT (a) CM E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Name of Person Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}								
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301								

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

FOX REAL	ESTATE I	NVGStrue	wts 2	6	2022 HAY 26	AH 9: 00
(Must contain t	he words "Limited Li	ability Company, "I	L.C.," or "LLC."			
ARTICLE II - Address: The mailing address and street addre	ss of the principal offi	ice of the Limited L	iability Company i	s:	SEURLTARY TALLAHAS	OF STATE SEE, FL
Principal O	ffice Address:		Mailing A	Address:	_	
5612 118 312 FC	th st		612 1/8 3AX +1	#151 2244		
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ	not serve as its own R	egistered Agent. Yo		ın individ	ual or	
The name and the Florida street addr	ess of the registered a	gent are:				
	21.					
<u></u>	KOBERT V	estel	-	_		
	5612 11	Name 8th St.				
F	lorida street address (P.O. Box NOT acc	eptable)	_		
_	-SAX	<u> </u>	32244			
	City	State	Zip	_		
Having been named as registered agen place designated in this certificate. I he further agree to comply with the provis am familiar with and accept the obliga	reby accept the appoir ions of all statutes rela tions of my position as	ntment as registered ting to the proper at	agent and agree to nd complete perfort provided for in Cha	act in this	s capacity. I ny duties, and I	
	1	(CONTINUED)				

Title: Name and Address: "AMBR" = Authorized Member "MGR" = Magager (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: 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 Sta constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee 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)

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

ARTICLE IV-