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(1	Requestor's Name)			
	Address)			
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DIVISION OF CORPORATION TALL FRANSSEE, FLORIDA

2022 SEP 23 AM 9: 3r

COVER LETTER

Division of Corporations		
SUBJECT: TREC MANAGE	MENT LLC	
Name of L	imited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
KARI F	LECK Name of Person	
	Name of Person	
THE REAL ES	STATE COLLECTION L	L C
	Firm/Company	
100 W. PLAN	TST.	
WINTER GARO	EN FL 3478 r City/State and Zip Code	7
ACCOUNTING QTH	HE REALESTATE COL	LECTION, COM
E-mail address: (to be use	ed for future annual report notificat	ion)
For further information concerning this matter, plea		
KARI FLEGE at (407) 1056-78	14
Name of Person	Area Code Dayume Telephon	e Number
Enclosed is a check for the following amount:		
X\$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	Street Address New Filing Section D	ivicion

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

The name of the Limited Liability (Company is:					
THE REAL (Must contain	ESTATE COL	LECTION PR	20 <i>PERTY MA</i> L.C.," or "LLC.")	<u>V</u> AGEML	evi Lu	<u>'</u> -c
ARTICLE II - Address: The mailing address and street address						
Principal	Office Address:		Mailing Add	dress:		
LOUW, PLA	9NT ST 9ROEN FL 34787		U. PLAN TER GARD 34787	TST. EN FO	 	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	nnot serve as its own Reg			ndividual or		
The name and the Florida street add	_					
	KARI F	LECK_				
	100 W. PC Florida street address (P.	O. Box NOT accep	ntable)			
1	UINTER GARDE City	NFL 34	787			
•	City	State	Zip			
Having been named as registered age place designated in this certificate, I if further agree to comply with the prov arm familiar with and accept the oblig	hereby accept the appoint isions of all statutes relati ations of my position as	ment as registered a	gent and agree to ac I complete performa rovided for in Chapt	rt in this capa nce of my dut	city. I	
	(0	CONTINUED)				Ţ÷
				RANCHISING OIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA		

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MCIR-Manager	KARI FLECK
<u> mer</u>	LOCALLE OLDERT ST
	WINTER CARDEN EL 34787
	_ _
(Use attachment if necessary)	
ADDIOLOGY DOS COLOR DO LOGICAL DE LA COLOR	he date of filing: 9-16-2022 (OPTIONAL)
	t be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	t be specific and Calmot be more than five business days prior to or 50 days after
	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	rtment of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI. Oner provisions, if any.	
	\ 10 1
REOUIRED SIGNATURE:	
Signature o	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 ar	ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
<u> </u>	Typed or printed name of signee
	i yped or printed name of signed

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)