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DIVISION OF CONFORMITORS

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COVER LETTER

	New Filing Section Division of Corpo			
SUBJEC	T. IZEA	L ESTATE	MANAGEMENT	SERVICES,
SOLUDO		Name of L	imited Liability Company	
The enclo	osed Articles of Or	ganization and fee(s)	are submitted for filing.	
Please re	turn all correspond	lence concerning this r	natter to the following:	
		ENRIQUE	E SIERRA	
			Name of Person	
		<u> </u>	Firm/Company	
		19387	5w 79 PL	ACE
			Address	
		CUTLER	BAY, FL	33 157
			City/State and Zip Code	cam
	E-r	nail address: (to be use	ed for future annual report notification	on)
For further	r information conc	erning this matter, plea	ase call:	
ع کے	VRIQUE	SIERNA at (305, 979-3	3917
			Area Code Daytime Telephone	
Enclosed	l is a check for the	following amount:		
£\$ 125.	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	& S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing		Street Address New Filing Section Di	ivision
	Division	ng Section of Corporations	The Centre of Tallaha	issee
	P.O. Box	ι 6327	2415 N. Monroe Stree	et, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

Please use funds from account: I20210000160	Amount: paid: \$125.00
Authorization Signature	Janes Full
Real Estate Management Services, LLC	0
Business Name	Document #
Photocopy	
Certified Copy (s) Articles:	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
FOR Profit Not for Profit X Limited Liability Domestication Other CORP LLLP	AmendmentResignation or Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionArticles of ConversionResignation
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious NameARTICLES OF CORRECTION	Foreign filingLimited Partnership Reinstatement
APOSTIL () Country	Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi		y Company is:					
Rε	CAL	ESTAT	E MANA	16EMENT	- SERVI	CES,	L
1	(Must conta	ain the words "Li	mited Liability Com	pany, "L.L.C.," or "	LLC.")		
ARTICLE II - Addr The mailing address a		ddress of the princ	cipal office of the Li	mited Liability Com	pany is:		
	Princip:	al Office Addres:	<u>s</u> :	<u>Ma</u>	iling Address:		
193	387	SW 79	PLACE	19387	5W 79 P	LACE	
		BAY, FL		CUTLER	BAY, FL	33157	
ARTICLE III - Regi (The Limited Liability another business enti The name and the Flo	y Company ty with an a	cannot serve as it active Florida regination and the reg	ts own Registered A stration.) istered agent are:	SIERRE	gnate an individual c	KY 61 LOG	NECCE LARY OF S.
					<u>.A C</u> E	9:30	
			address (P.O. Box 1			* :	
		CUTLE	State	FL 3	<u>315</u> 7		
Having been named as place designated in this further agree to comply am familiar with and ac	ecertificate, with the pr	I hereby accept to ovisions of all sta- ligations of my po	he appointment as ro tutes relating to the psition as registered	egistered agent and a proper an complete agent of provided for Signature (REQUIR	gree to act in this cap performance of my d r in Chapter 605, F.S	pacity. I luties, and I	

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGC.	ENRIQUE SIERRA 19387 SW 79 PLACE CUTLER BAY, FL 33157
	13.7 d 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
It an effective date is fisted, the date must be spo	of filing: 10/17/2022 (OPTIONAL) corrections and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:	
This document is execu- l am aware that any false constitutes a third degree	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e 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)