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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RICKCASTELLINI@COMCAST.NET

FLORIDA LIMITED LIABILITY CO.**Rreal Properties LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rreal Properties LLC

(Must end with 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:**3809 SW St Lucie Shores Drive
Palm City, FL 349903809 SW St Lucie Shores Drive
Palm City, FL 34990**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:

Rick Castellini

Name

3809 SW St Lucie Shores DriveFlorida street address (P.O. Box **NOT** acceptable)Palm CityFL 34990

City

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..

Rick Castellini

Registered Agent's Signature (REQUIRED)

Rick Castellini

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Rick Castellini

3809 SW St Lucie Shores Drive

Palm City, FL 34990

AMBR

Lorraine Castellini

3809 SW St Lucie Shores Drive

Palm City, FL 34990

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:*Rick Castellini***Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Rick Castellini

Typed or printed name of signee

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