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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF ARIZONA  
DEPARTMENT OF REVENUE  
TOLSON

*[Handwritten signature]*  
1/12

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: United Real Estate Investments Group LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer A. Englert  
Name of Person  
The Orlando Law Group, PL  
Firm/Company  
12301 Lake Underhill Road, Suite 213  
Address  
Orlando, FL 32828  
City/State and Zip Code  
jenglert@theorlandolawgroup.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jennifer A. Englert 407 512-4394  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

United Real Estate Investments Group LLC

(Must contain 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:

12301 Lake Underhill Road, Suite 213  
Orlando, FL 32828

12301 Lake Underhill Road, Suite 213  
Orlando, FL 32828

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:

Jennifer A. Englert

Name

12301 Lake Underhill Road, Suite 213

Florida street address (P.O. Box **NOT** acceptable)

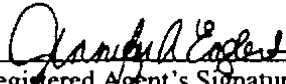
Orlando, FL 32828

City

State

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

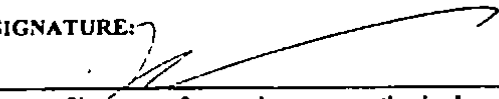
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
MGR _____	<u>Jeffrey Wachman</u> <u>12301 Lake Underhill Road, Suite 213</u> <u>Orlando, FL 32828</u>
MGR _____	<u>Dino Campagna</u> <u>12301 Lake Underhill Road, Suite 213</u> <u>Orlando, FL 32828</u>
MGR _____	<u>James Aldridge</u> <u>12301 Lake Underhill Road, Suite 213</u> <u>Orlando, FL 32828</u>
_____	_____
_____	_____

(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.  
Any and all legal purposes.  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 State constitutes a third degree felony as provided for in s.817.155, F.S.

Jeffrey Wachman  
 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)

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