

L08000038128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

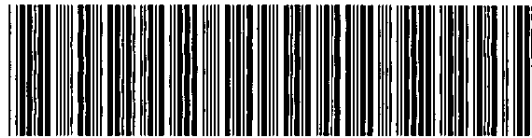
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Barbara **GAVE**  
AUTHORITY BY PHONE TO  
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DATE 4/16/08  
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04/15/08--01031--013 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 APR 15 PM 1:07

FILED

April 11, 2008

CERTIFIED U.S. MAIL 7007 0710 0004 8215 9243

REGISTRATION SECTION  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: APPLICATION PAPERWORK ENCLOSED FOR NEW LLC

I have enclosed for processing:

\* Application Packet to form a Florida Limited Liability Company. New company name: Pebble Pointe Realty Referral Services, LLC.

\*Also enclosed is my check #1055 for \$155.00 for FILING FEE & CERTIFIED COPY of documents.

Can you please contact me if I need to do something else. Your help is appreciated.

Sincerely,

*Barbara P. Wells*

Barbara P. Wells, Owner  
P.O. Box 290565  
Port Orange, Fl. 32129

Office (386) 767- 8855 Fax (877) 379-0327  
Available 24 hours, 7 days a week!  
E-Mail: FloridaReferralAgent.com

**COVER LETTER**

**CERTIFIED MAIL:**

**7007 0710 0004 8215 9243**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pebble Pointe Realty Referral Services, LLC  
(Name of Limited Liability Company)**

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

Please return all correspondence concerning this matter to the following:

Barbara P. Wells  
(Name of Person)

Pebble Pointe Realty Referral Services, LLC  
(Firm/Company)

P.O. Box 290565  
(Address)

Port Orange, Fl. 32129  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara P. Wells at ( 386 ) 767-8855  
(Name of Person) (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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pebble Pointe Realty Referral Services, 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:**

3616 S. Atlantic Ave. Suite A  
Daytona Beach Shores, Fl 32118

P.O. Box 290565  
Port Orange, Fl. 32129

**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:

Barbara P. Wells  
Name  
2937 S. Atlantic Ave. #2102

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

Daytona Beach Shores, FL 32118  
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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 608, F.S..*

*Barbara P. Wells*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

Barbara P. Wells

2937 S. Atlantic Ave. #2102  
Daytona Beach Shores, Fl. 32118

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(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.)

**REQUIRED SIGNATURE:**

*Barbara P. Wells*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Barbara P. Wells

Typed or printed name of signee

**FILED**  
08 APR 15 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)