L 6000 155419

(Re	questor's Name)	
(Ad	dress)	· · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

AUG 2 2 2016 T. SCOTT



800288903848

08/15/16--01035--031 **125.00

16 AUG 15 PM 12: 30



COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Finders Keepers Estate Relocation Sales Company, L.L. C., 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:
Robin T. Stamey Name of Person
/ Name of Person
Finders Keepers Estate Relocation Sales Company, L.L.C., Firm/Company
517 Third Ave
Address
Wildwood FL 34785
robinfinderskeepers Damaili Com
E-mail address: (to be used for fluure annual report notification)
For further information concerning this matter, please call:
Robin T. Stamey at (252) 404 - 1080 Name of Person Area Code Daytime Telephone Number
Name of Person / Area Code .Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} S155.00 Filing Fee & Certificate of Status & Certificat
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ΓĮ	CL	Æ	Ĭ	-	Name	:
---	---	----	----	---	---	---	------	---

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
517 Third Ave	517 Third Ave
Wildwood F6 34785	Wildwood FL 34785

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:

da street address (P.O. Box NOT acceptable)

State

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.,

(CONTINUED)

Page 1 of 2

The name and address of each person auth Title:	Name and Address:
"AMBR" = Authorized Member	Mante and Address.
MGR" = Manager	Robert T. Stoney
(N) MGR/ AMBK	517 Third Aire
	Wildwood FL 34785
AMBR	J. Page Walker
	517 Third Ave
·	Wildwood FL 34785
· · · · · -	
	<u> </u>
·	
· · · · · · · · · · · · · · · · · · ·	
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date on effective date is listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
TICLE V: Effective date, if other than the date on effective date is listed, the date must be specidate of filing.)	eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not me	eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not me document's effective date on the Department of	eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not me document's effective date on the Department of	eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not me document's effective date on the Department of TICLE VI: Other provisions, if any.	eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not me document's effective date on the Department of	eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specidate of filing.) te: If the date inserted in this block does not me document's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records.
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not me document's effective date on the Department of TICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mental of the date of the d	et the applicable statutory filing requirements, this date will not be listed of State's records. There or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes.
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not me document's effective date on the Department of TICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a memory date of a	eific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records. Indeer or an authorized representative of a member. Indeer or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not me document's effective date on the Department of TICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a memory date of a	et the applicable statutory filing requirements, this date will not be listed of State's records. There or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

ARTICLE IV-