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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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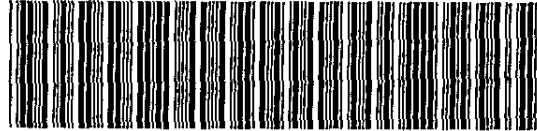
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accurate Real Estate Appraisals, 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:

Kristina Treffer
(Name of Person)

Accurate Real Estate Appraisals, LLC
(Firm/Company)

11484 Norvell Road
(Address)

Spring Hill, FL 34608
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Treffer at (352) 688-1384
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Accurate Real Estate Appraisals, LLC

ARTICLE II - Address:

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

Principal Office Address:

11484 Norvell Rd.
Spring Hill, FL 34608

Mailing Address:

11484 Norvell Rd.
Spring Hill, FL 34608

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Kristina Tretter
Name

11484 Norvell Rd.
Florida street address (P.O. Box NOT acceptable)

Spring Hill FLORIDA 34608
City, State, and Zip

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CLERK OF CIRCUIT COURT
HILLSBOROUGH COUNTY, 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, Florida Statutes..

Kristina Tretter
Registered Agent's Signature

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

Name and Address:

MGR

Jeffrey P. Tretter
11484 Norvell Road.
Spring Hill, FL 34608

MGRM

Kristina Tretter
11484 Norvell Road
Spring Hill, FL 34608

(Use attachment if necessary)

OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

04 MAY 21 PM 2:28

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Kristina Tretter
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.)

Kristina Tretter
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)