

W4000050043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status 1

Special Instructions to Filing Officer:

7/2

FLC

WS

Office Use Only

EFF 7/1



500037614475

07/02/04--01009--011 \*\*130.00



04 JUL -2 AM 8:37

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** my Little Castle Realty, 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:

Sharon Brewer  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

919 Rawlings Cir  
(Address)

Lutz, FL 33549  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Brewer at ( 813 ) 949-5423  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

my little castle Realty, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

919 Rawlings Cr  
Lutz, FL 33549

**Mailing Address:**

same

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

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

P. Sharon Brewer  
Name  
919 Rawlings Cir  
Florida street address (P.O. Box **NOT** acceptable)  
Lutz FLORIDA 33549  
City, State, and 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 608, Florida Statutes..*

P. Sharon Brewer  
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

P. Sharon Brewer  
919 Rawlings Cir  
Lutz FL 33549

(Use attachment if necessary)

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

**Article V: Effective Date: July 1st, 2004 psb**

**REQUIRED SIGNATURE:**

P. Sharon Brewer

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.)

P. Sharon Brewer

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)