L05000050436

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Example 2 may (tame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
İ





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05/23/05--01002--002 **125.00



TRANSMITTAL LETTER

TO: Registration Se Division of Co				· •	
SUBJECT: A to Z Re	ealty, LLC.		<u> </u>		
	(Name of Limite	d Liability Company)			
	f Organization and fee(s) are so	_			
Р		g .			
	Yola	anda Garcia Pilkington			
	(Name of Person)			
		Z Realty, LLC.			
	(Firm/Company)		Sec. 0	
				FE	
	3360 Capital	Circle NE, Suite B		至 3	
		(Address)		D5 MAY 20 PM 3: 1	
				FRO R	
	Taliahas	see, Florida 32308		구 요 .	
	(City,	/State and Zip Code)		ORI ORI	
				D _P	
For further information	concerning this matter, please	call:			
Yolanda	Garcia Pilkington	at (850) 294-4875			
	of Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check for	or the following amount:				
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 I Certificate of Certified Co (additional copy	f Status & py	
атг	ET ADDRESS:	MAILING A	DDDF66.		
STREET ADDRESS: Registration Section		Registration S	ection		
Division of Corporations 409 E. Gaines Street		Division of Co P.O. Box 632			
Tallahassee, Florida 32399			Tallahassee, Florida 32314		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	cany is:
A to Z Realty, LLC.	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3360 Capital Circle NE Suite B Tallahasse, Florida 32308	3360 Capital Circle NE Suite B Tallahasse, Florida 32308
The name and the Florida street address	a Garcia Pilkington
	Name merbrooke Drive street address (P.O. Box NOT acceptable)
Tallahassee Florida	• ,
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(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	Name and Address:	
MGR	Yolanda Garcia Pilkington	-
	969 Summerbrooke Drive Tallahassee, Florida 32312	
MGRM	Anthony Stephens	1
35 77	5601 Countryside Drive	to the second second second second
	Tallahassee, Florida 32317	Francisco de la Maria de la Compansión d
		-
The state of the s		
		Maria de la companya
		100 mg 200 mg 20
•		N = 1
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
	Harris Voltation	·
Signature of a member of	r an authorized representative of member.	a
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	05 MAY 20
Jolan DA (Typed	Or printed name of signee	P M

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)