

L05 0000 5252

(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:

Office Use Only



000054523390

05/23/05--01024--017 **160.00

FILED

05 MAY 23 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/25
mst

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REALESTATE NOW, 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:

EDWARD CHARLES GROSS
(Name of Person)

REALESTATE NOW, LLC
(Firm/Company)

4109 CENTER POINTE DRIVE
(Address)

SARASOTA FL 34233
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD CHARLES GROSS at (941) 377.9948
(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) |
|---|--|--|--|

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 23 PM 1:06

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REALESTATE NOW, LLC

ARTICLE II - Address:

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

Principal Office Address:

3900 CLARK RD
LAKESHORE VILLAGE
SARASOTA FL 34233

Mailing Address:

3900 CLARK RD
LAKESHORE VILLAGE
SARASOTA FL 34233

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

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

EDWARD CHARLES GROSS

Name

4109 CENTER POINTE DRIVE

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

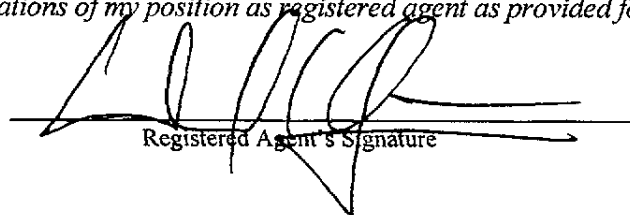
SARASOTA FL 34233

FL

City, State, and Zip

FILED
05 MAY 23 PM 1:06
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..


Registered Agent's Signature

(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

EDWARD CHARLES GROSS

4109 CENTE POINTE DRIVE

SARASOTA FL 34233

MGRM

BETTY C. GROSS

4109 CENTER POINTE DRIVE

SARASOTA FL 34233

MGRM

TAMARA MAGNUSON

4237 TURTLE CREEK LAND

SARASOTA FL 34232

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

EDWARD CHARLES GROSS

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 23 PM 1:06

FILED