

LD70000008088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

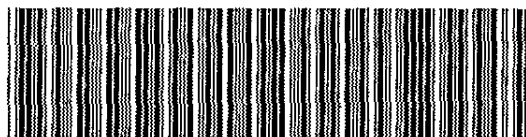
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800082693858

12/22/06--01060--006 \*\*130.00

FILED  
06 DEC 22 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mf  
~~LD700000055258~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2006

KARL STEHLIN  
13799 PARK BLVD. N, SUITE 255  
SEMINOLE, FL 33776

SUBJECT: REALTY SERVICES LLC  
Ref. Number: W06000055258

We have received your document for REALTY SERVICES LLC. However, the document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

MARIA L FENDER  
OFFICE CLERK

Letter Number: 006A00072731

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REALTY SERVICES 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:

KARL STEHLIN

(Name of Person)

REALTY SERVICES LLC

(Firm/Company)

13799 Park Blvd.N , Suite 255,SEMINOLE, FL 33776

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

KARL STEHLIN

(Name of Person)

at ( 727 ) 709 4849

(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)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

REALTY SERVICES LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

12953 FARMINGTON TRAILS  
SEMINOLE, FL 33706

#### Mailing Address:

13799 Park Blvd.N, Suite 255  
PMB 255, SEMINOLE, FL 33706

### 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:

KARL STEHLIN

Name

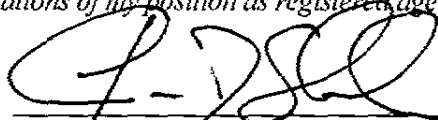
12953 FARMINGTON TRAILS

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

SEMINOLE, FL 33706

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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

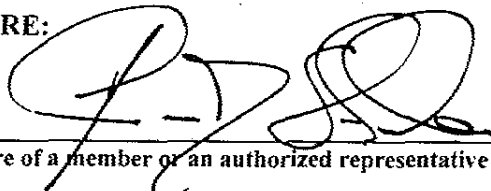
MGR

KARL STEHLIN

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: <sup>K.S.</sup> 18 DECEMBER, 2006 ~~14 DECEMBER, 2006~~ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

KARL STEHLIN

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)