

LO7000114856

DEBRA MAXWELL

Name (Printed or typed)

2424 SE INDIAN ST.

Address

STUART, FL 34997

City, State & Zip

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2007 NOV -9 P 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2007

DEBRA MAXWELL  
2424 SE INDIAN ST.  
STUART, FL 34997

SUBJECT: WE DO IT ALL REAL ESTATE LLC  
Ref. Number: W07000051281

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for WE DO IT ALL REAL ESTATE LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$46.25.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 207A00060834

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 – Name

The name of the Limited Liability Company is:

**WE DO IT ALL REAL ESTATE LLC**

ARTICLE II – Address

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

2424 SE Indian Street  
Stuart, FL 34997

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature

Debra Maxwell  
2424 SE Indian Street  
Stuart, FL 34997

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 – Debra Maxwell

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ARTICLE IV – Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company

  
\_\_\_\_\_  
Signature of a member or 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.)

Debra Maxwell  
Typed or printed name of signee