# L08000034764

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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Effective Date 05/01/08

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TIVISION OF CORPORATIONS
ON APR -4 PH 2: 03

J. BRYAN

APR -7 2008

**EXAMINER** 

## **COVER LETTER**

SUBJECT: First C	ommonwealth Re	eal Estate and Business Brokerage, L.L	C.
	(Name of Limi	ited Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
Denise E.	Burke		
<del></del>		(Name of Person)	_
First Com	monwealth Real E	Estate and Business Brokerage, L.L.C.	
		(Firm/Company)	_
1980 N. A	tlantic Ave-Ste. 8 <sup>-</sup>		
		(Address)	- 12
Cocoa Be	ach, FL 32931		2
	(Ci	ity/State and Zip Code)	ر ا
For further information	concerning this matter, pleas	se call:	EN15:00 -4 PM 2: 03
		224 000 2402	5.
Denise E. Burke (Name of Person)		at ( 321 ) 868-2103 (Area Code & Daytime Telephone Number)	تن
		(	
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status &	•
	Continuate of Status	(additional copy is enclosed) Certified Copy	
		(additional copy is enclosed	d)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
		1 GIIII GGGGGG 1 L/ /4.JV I	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# First Commonwealth Real Estate and Business Brokerage, L.L.C.

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

Principal Office Address:	<b>Mailing Address:</b>	PR -
1980 N. Atlantic Ave-Ste. 818A	1980 N. Atlantic Ave-Ste. 818A	CORRE
Cocoa Beach, FL 32931	Cocoa Beach, FL 32931	i gg
. <u></u>		- 63
	•	s Signature: idual or another
(The Limited Liability Company cannot serve as it	s own Registered Agent. You must designate an indiv )	s Signature: idual or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.	s own Registered Agent. You must designate an indiv ) ss of the registered agent are:	s Signature:

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

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)

1980 N. Atlantic Ave-Ste. 818A

Cocoa Beach, FL 32931

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Denise E. Burke	
	1980 N. Atlantic Ave-Ste. 818A	
	Cocoa Beach, FL 32931	
<u> </u>		
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<del></del>		
		D8 APR
		P OFF
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		PH 2: 03
		——————————————————————————————————————
(Use attachment if necessary)		<b>5</b> 7
CLE V: Effective date, if other than the	e date of filing: May 01, 2008 be specific and cannot be more than fiv	(OPTIONAL)

ARTIC (If an e 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.)

#### Denise E. Burke

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)