

LD9000035368

(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



900148225239

04/02/09--01013--003 **125.00

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2009 APR -2 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
APR 13 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2009

JENNA WAITES
601 GAY ROAD
SEFFNER, FL 33584

SUBJECT: HOUSEFACTS LLC
Ref. Number: W09000015696

We have received your document for HOUSEFACTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 April 2, 2009. 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 009A00011330

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HouseFacts 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:

Jenna Waites

(Name of Person)

HouseFacts LLC

(Firm/Company)

601 Gay Road

(Address)

Seffner, FL 33584

(City/State and Zip Code)

For further information concerning this matter, please call:

Jenna Waites

(Name of Person)

at (813) 463-8271

(Area Code & Daytime Telephone Number)

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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:

HouseFacts LLC

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

ARTICLE II - Address:

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

Principal Office Address:

601 Gay Road
Seffner, FL 33584

Mailing Address:

601 Gay Road
Seffner, FL 33584

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 other business entity with an active Florida registration.)

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

Jenna Waites

Name

601 Gay Road

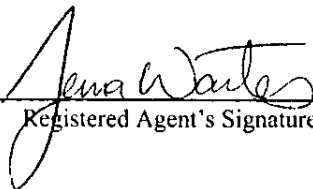
Florida street address (P.O. Box **NOT** acceptable)

Seffner, FL 33584

FL

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)

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Continuation pg 1

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:

MGRM

Steven F Roberts

12417 Bramfield Drive

Riverview, FL 33579

MGRM

Jennifer Waites

PO Box 18602

Tampa, FL 33679

MGRM

Patsy B. Dix

P.O. Box 13513

Tampa, FL 33681

MGRM

Anthony Garcia

601 Gay Road

Seffner, FL 33584

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

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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.)

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)

Continuation pg 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:

MGRM

Deborah A Watson

1437 Birchstone Avenue

Brandon, FL 3351

MGRM

Hariato Suryo

2101 Glen Heights Place

Lakeland, FL 33813

MGRM

Dana L. Reynolds

14100 Walsingham Road, Ste 36-18

Largo, FL 33774

MGRM

LindySue S. Reynolds

14100 Walsingham Road, Ste 36-18

Largo, FL 33774

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

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)

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addendum

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:

MGRM

Adrian Villagomez

1915 Fruitridge Street

Brandon, FL 33510

MGRM

John Basil Noriega

1615 Thompson Road

Lithia, FL 33547

MGRM

Cheryl Garcia

601 Gay Road

Seffner, FL 33584

MGRM

Carolyn Roberts

12417 Bramfield Drive

Riverview, FL 33579

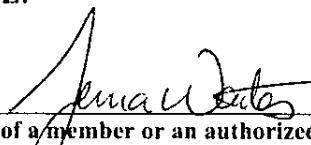
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(Use attachment if necessary) - *continued (2 more pages)*

ARTICLE V: Effective date, if other than the date of filing: April 9, 2009 (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.)


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)