

LO9000081844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

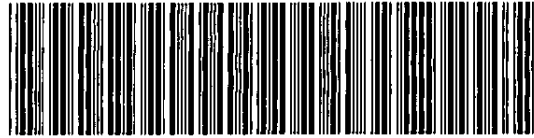
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700159683357

08/24/09--01010--015 **125.00

FILED
2009 AUG 24 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG 25 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA REALTY TRUST.COM 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:

WAYNE VAUGHAN
Name of Person
FLORIDA REALTY TRUST.COM LLC
Firm/Company
234 MOHAWK RD.
Address
CLERMONT, FL 34711
City/State and Zip Code
WAYNE@RealEstateIsHere.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAYNE VAUGHAN at (352) 636-5502
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)

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

2009 AUG 24 PM 1:37
FILED
TALLAHASSEE, FL 32301
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA REALTY TRUST. COM 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:

234 MOHAWK RD
CLERMONT, FL
34711

Mailing Address:

234 MOHAWK RD
CLERMONT, FL
34711

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:

WAYNE VAUGHAN

Name

234 MOHAWK RD

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

CLERMONT, FL 34711

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..

Wayne Vaughan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2009 AUG 24 PM 1:11
TALLAHASSEE, FL
SECRETARY OF STATE

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

MGR

MGRM

Name and Address:

WAYNE VAUGHAN
234 MOHAWK RD
CLERMONT, FL 34711

DON WILSON
108 N. OAKLAND AVE
MINNEOLA, FL 34715

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/24/09 (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:

Wayne Vaughan

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.)

WAYNE VAUGHAN

Typed or printed name of signer

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

2009 AUG 24 PM 1:37

FILED