

LO9000094789

(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



900160707339

10/01/09--01023--012 **25.00

09/16/09--01012--010 **105.00

FILED
09 OCT - 1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2009

J. BRYAN

OCT - 1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2009

MERLE BARRETT
REALTY SOLUTIONS GROUP OF NORTHWEST FLOR
3601 CAGNEY DR.
TALLAHASSEE, FL 32309

SUBJECT: REALTY SOLUTIONS GROUP OF NORTHWEST FLORIDA , LLC
Ref. Number: L07000074417

FILED
09 OCT - 1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for REALTY SOLUTIONS GROUP OF NORTHWEST FLORIDA , LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on April 28, 2008 and our office received the Articles of Revocation of Dissolution on September 16, 2009. Therefore, the enclosed document cannot be filed and is being returned to you.

You will need to refile as a new Limited Liability Company and pay the fees.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 709A00030649

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Realty Solutions Group of Northwest Florida 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:

Merle H. Barrett
Name of Person

Realty Solutions Group of Northwest Florida LLC
Firm/Company

3601 Cagney Dr
Address

Tallahassee, FL 32309
City/State and Zip Code

merlebarrett@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Merle H. Barrett at (850) 510-5008
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

FILED
09 OCT - 1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Realty Solutions Group of Northwest Florida, 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:

3601 Cagney Dr
Tallahassee, FL 32309

Mailing Address:

3601 Cagney Dr
Tallahassee, FL 32309

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:

Merle H Barrett

Name

3601 Cagney Dr.

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

Tallahassee, FL 32309 FL

City, State, and Zip

FILED
09 OCT - 1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

Merle H. Barrett

3601 Cagney Dr.

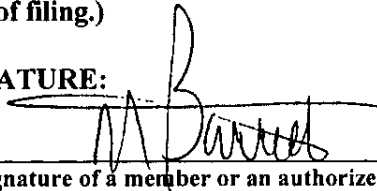
Tallahassee, FL 32309

(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.)

Merle H Barrett

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)

FILED
09 OCT - 1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA