# 100000971636

(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:					
L. SELLERS SEP 1 7 2010					
EXAMINER					

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NEWNASSEE FLORIDA

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# **COVER LETTER**

TO: Registration Section Division of Corporations									
SUBJ	ECT: Flori	da Home Choice Realty	, LLC						
	Name of Limited Liability Company								
The en	closed Articles	of Organization and fee(s) are	submitted for filing.						
Please	return all corres	spondence concerning this mat	ter to the following:						
	Glenda K. P	ruitt							
			Name of Person						
	Florida Hom	e Choice Realty							
	Firm/Company								
	274 W Central Avenue, Suite M								
			Address						
	Winter Have	<u> </u>							
			y/State and Zip Code						
	Glenda@Flo	ridaHomeChoice.com	for future annual report notification)						
For fur	ther information	n concerning this matter, please	•						
Glenda K. Pruitt			at ( 863 )412-2727	_					
	Name	e of Person	Area Code & Daytime Telephone Number						
Enclos	sed is a check i	for the following amount:							
<b>⊒</b> \$125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &					
		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 - Nam The name of the Lir	<b>ne:</b> mited Liability Company is	S:
	noice Realty, LLC	
(Mus	st end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
274 W Central Avenue, S Winter Haven, FL 33880	Suite M	Same as Office Address
(The Limited Liability Conbusiness entity with an ac	egistered Agent, Registered mpany cannot serve as its own Registre Florida registration.)  lorida street address of the	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another registered agent are:
1	Glenda K. Pruitt	
•	Nam	e
	247 W Central Ave, Suit	e M
	Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
	Winter Haven	FL 33880
	City, S	State, and Zip
liability compan registered agent an	y at the place designated in d agree to act in this capac	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of al 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) 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:

	Title: "MGR" = Manager	Name and Address:	
•	"MGRM" = Managir	Member	
	MGR	Glenda K. Pruitt	
		1445 Grand Cayman Cir	
		Winter Haven, FL 33884	
	MGRM ,	James R. Pruitt	
		1445 Grand Cayman Cir	
		Winter Haven, FL 33884	
	(Use attachment if no	essary)	
		other than the date of filing: October 1, 2010 (OPTIONAL) e date must be specific and cannot be more than five business days	
	0 days after the date (		prior
	REQUIRED SIGNA	URE:	

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.)

Glenda K. Pruitt

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)