

L10000131613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

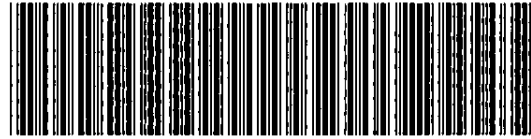
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 28 2010

EXAMINER



200188891782

12/27/10--01010--006 **160.00

FILED
10 DEC 27 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PEREIRA LAW OFFICES, P.C.

982 Eastern Avenue, Fall River, MA 02723

508 675-1188

FAX 508 675-1189

email: Steve@PerLawPC.com

STEVEN R. PEREIRA

December 21, 2010

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: MUNRO REAL ESTATE HOLDINGS, LLC
Florida Department of State

Dear Sir or Madam:

Enclosed pursuant to the above-noted, please find Articles of Organization For Florida Limited Liability Company, together with my check in the sum of \$160, payable to the Florida Department of State, representing the total fee for filing, Certificate of Status and Certified Copy.

At your earliest convenience, please file and process same accordingly. Should you have any questions, please feel free to contact me.

Thank you for your time and consideration in this regard. I look forward to hearing from you.

Very truly yours,

Steven R. Pereira

SRP

Enc

cc: W/J Munro

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Munro Real Estate Holdings, 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:

Steven R. Pereira, Esq.

Name of Person

Pereira Law Offices, PC

Firm/Company

982 Eastern Avenue

Address

Fall River, MA 02723

City/State and Zip Code

steve@perlawpc.com

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

For further information concerning this matter, please call:

Steven R. Pereira

Name of Person

at (508) 675-1188

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Munro Real Estate Holdings, 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:

Munro Real Estate Holdings, LLC.
19307 Vintage Trace Circle
Ft. Myers, FL 33967

Mailing Address:

Munro Real Estate Holdings, LLC.
19307 Vintage Trace Circle
Ft. Myers, FL 33967

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:

A. William Munro

Name

19307 Vintage Trace Circle

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

Ft. Myers

FL 33967

City, State, and Zip

FILED
10 DEC 27 PM 2:35
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..

A. William Munro

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:

MGR

A. William Munro

19307 Vintage Trace Circle

Ft. Myers, FL 33967

MGR

Jeanne M. Munro

19307 Vintage Trace Circle

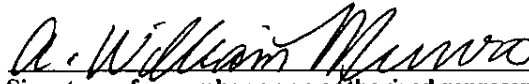
Ft. Myers, FL 33967

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

A. William Munro

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)