

L11000011854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

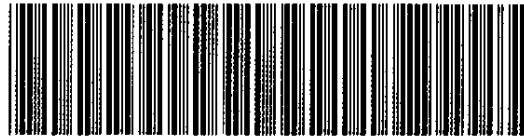
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/14/11--01009--004 \*\*130.00

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11 JAN 27 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 28 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RealCom Financial Partners FL LLC

Name of Limited Liability Company

TAX ID # 27-4451205

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward J. Dziadul

Name of Person

RealCom Financial Partners FL LLC

Firm/Company

39 HOFFSTOT LANE

Address

SANDS POINT, NY 11050

City/State and Zip Code

ejdrealcom@aol.com

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

For further information concerning this matter, please call:

Edward Dziadul

Name of Person

at ( 516 ) 708-1673

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**RealCom Financial Partners FL 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:**

926 Villa Florenza Drive  
Naples, FL 34119

**Mailing Address:**

39 Hoffstot Lane  
Sands Point, NY 11050

**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:

Joseph G. Kiely

Name

926 Villa Florenza Drive

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

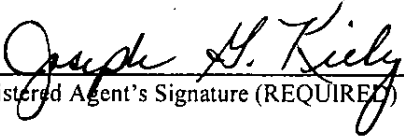
Naples

FL 34119

City, State, and Zip

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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

Joseph G. Kiely  
926 Villa Florenza Drive  
Naples, FL 34119

MGRM

Edward J. Dziadul  
39 Hoffstot Lane  
Sands Point, NY 11050

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TALLAHASSEE, FLORIDA


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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. 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.)

Joseph G. Kiely

\_\_\_\_\_  
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)**

January 24, 2011

Ms. Barbara Bostick  
Regulatory Specialist II  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: REALCOM FINANCIAL PARTNERS FL LLC  
Ref. Number: W11000003016

Dear Ms Bostick:

I refer to our telephone conversation of this morning concerning the subject entity/reference number above. As noted in that call, while the subject named company has a name similar to RealCom Financial Partners LLC, which is a foreign company registered to do business in Florida, the ownership, addresses and all pertinent matters with respect to both companies are identical. Therefore we consent to operating in Florida under the names of both the subject company and RealCom Financial Partners LLC.

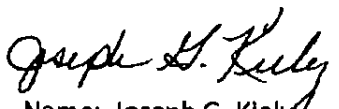
You mentioned that based on this letter you would go ahead and approve registration of the subject company and would send us a certificate. Please send that to my partner, Mr. Edward J. Dziadul at the Sands Point, NY address in the filing.

Should you have any questions, I can be reached on my cell at 917 689-3922.

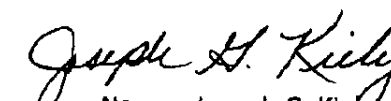
Thank you for your cooperation and assistance.

Sincerely,

RealCom Financial Partners FL LLC

  
Name: Joseph G. Kiely  
Title: Managing Member

RealCom Financial Partners LLC

  
Name: Joseph G. Kiely  
Title: Managing Member

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11 JAN 27 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2011

EDWARD J. DZIADUL  
39 HOFFSTOT LANE  
SANDS POINT, NY 11050

SUBJECT: REALCOM FINANCIAL PARTNERS FL LLC  
Ref. Number: W11000003016

FILED  
11 JAN 27 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for REALCOM FINANCIAL PARTNERS FL LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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 . 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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 911A00001417