# 1200000542

(Red	questor's Name)	
(Add	Iress)	
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PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
OF A MASSEF, FLORID

W11-63364

# **COVER LETTER**

TO: Registration Division of C			
<sub>suвјест:</sub> Richr	nond Real Estate	, LLC	
3000001.		led Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Terry R.	Richmond		
		Name of Person	
Terry R.	Richmond, DDS,	PA	
	,	Firm/Company	
2999 Lar	ngley Avenue		
		Address	
Pensacola	, FL 32504		
4 01 :		y/State and Zip Code	
trr@lewisal	ndrichmondpa.com  E-mail address: (to be used l	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Terry R. Richmo	ond	at ( 850 476-6894	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check f	or 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 C Tallahassec, FL 32301	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ity Company, "L.L.C.," or "LLC.") incipal office of the Limited Li	iability Co		
incipal office of the Limited Li	iability Co		
	•	mpan	y is:
Mailing Address:			
ered Agent. You must designate an indiv	s Signaturidual or anoth	·e: ler	
		=======================================	
R. Richmond, DDS, PA		)EC	*1-4-1-4*
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ite, and Zip	Øπ <b>Α</b>	ယ	
	egistered Agent?  egistered Agent are:  R. Richmond, DDS, PA  PRICE  Ress (P.O. Box NOT acceptable)  FL 32504  ate, and Zip	egistered agent are:  R. Richmond, DDS, PA  PRUE    Ress (P.O. Box NOT acceptable)   FL 32504	R. Richmond, DDS, PA

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:

MGRM	Terry R. Richmond c/o Terry R. Richmond, DDS PA
	2999 Langley Avenue
	Pensacola, FL 32504
(Use attachment if necessary)	e date of filing: 12/8/11 (OPTION

**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.)

### Terry R. Richmond

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)