# 12000068976

| (Re                     | equestor's Name)   | <u>.                                </u> |
|-------------------------|--------------------|--|
| (Ad                     | dress)             |  |
| (Ad                     | ldress)            |  |
| (Cit                    | ty/State/Zip/Phone | <del>;</del> #)                          |
| PICK-UP                 | ☐ WAIT             | MAIL                                     |
| (Bu                     | siness Entity Nan  | ne)                                      |
| (Do                     | ocument Number)    |  |
| Certified Copies        | _ Certificates     | of Status                                |
| Special Instructions to | Filing Officer:    |  |
|                         |                    |  |
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Office Use Only



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MAY 2 2 2012 T. HAMPTON

# **COVER LETTER**

| TO:                        | Registration Section Division of Corporations   |  |   |
|----------------------------|---|--|---|
| CUDIE                      | CT: REAL ASCENT LLO   | 2  |   |
| SUBJE                      |   | ited Liability Compa   | nny   |
| The end                    | closed Articles of Organization and fee(s) are  | e submitted for filing   | ·<br>3.   |
| Please r                   | return all correspondence concerning this ma  | tter to the following  | :   |
|                            | TAIWO OWOEYE  |  |   |
| -                          |   | Name of Person   |   |
| -                          |   |  |   |
|                            | -05. 00TH AMENUT 0  | Firm/Company   | <b></b>   |
| -                          | 5351 90TH AVENUE C  | IRCLE EAS  | ST  |
| г                          | 0ADDICH EL 04010  |  |   |
| Ļ                          | PARRISH, FL 34219   | ity/State and Zip Code   | :   |
| -                          | E-mail address: (to be used   | for future appual reno   | art notification)   |
| For furt                   | her information concerning this matter, pleas   | •  | nt notification)  |
|                            |   |  | 044.4400  |
| IAIV                       | VO OWOEYE  Name of Person   | at (   | 641-1490<br>& Daytime Telephone Number  |
|                            |   |  | •   |
|                            | ed is a check for the following amount:   |  | - · · · · · · · · · · · · · · · · · · ·   |
| <u>[<b>√</b>]</u> \$125.00 | Filing Fee\$130.00 Filing Fee & Certificate of Status   | 6155.00 Filin<br>Certified Cop<br>(additional copy   | Certificate of Status &   |
|                            | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Budget Execution 2661 Execution 2661 Execution Execut | ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301 |



RECEIVED

12 MAY 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 26, 2012

TAIWO OWOEYE 5351 90TH AVENUE CIR EAST PARRISH, FL 34219

SUBJECT: ASCENT CORPORATION LLC

Ref. Number: W12000023028

We have received your document for ASCENT CORPORATION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton

Regulatory Specialist II Registration/Qualification Section Letter Number: 812A00012781

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# REAL ASCENT 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:**

**Mailing Address:** 

5351 90TH AVENUE CIRCLE EAST PARRISH, FL 34219

5351 90TH AVENUE CIRCLE EAST PARRISH, FL 34219

## 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:

TAIWO OWOEYE

Name

## 5351 90TH AVENUE CIRCLE EAST

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

**PARRISH** 

., 34219

City, State, and Zip

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)

Page 1 of 2

DIVISION OF CORPORATIONS

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGR                          | TAIWO OWOEYE 5351 90TH AVENUE CIRCLE EAST PARRISH, FL 34219  |
|------------------------------|--|
| MGRM                         | ADEBOLA OGUNMODEDE   |
|                              | 5351 90TH AVENUE CIRCLE EAST   |
|                              | PARRISH, FL 34219  |
|                              |  |
| Use attachment if necessary) |  |
|                              | he date of filing: (OPTION be specific and cannot be more than five business details and cannot be more than five business details.) |

**REQUIRED SIGNATURE:** 

Signature of a member or sin 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.)

## TAIWO OWOEYE

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)

19 MAY 21 PM 4: 28