

# L12000081747

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

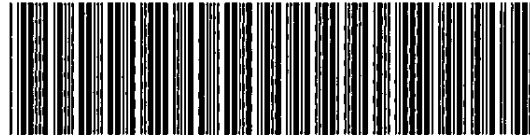
Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**

JUN 21 2012

**EXAMINER**



900236022219

06/19/12--01012--005 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 19 PM 3:57

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Foxfire Realty Management, 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:

E.R. Boone, Jr.

Name of Person

Foxfire Realty Management, LLC

Firm/Company

615 E. Silver Springs Blvd

Address

Ocala, FL 34470

City/State and Zip Code

boone@foxfirerealty.com

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

For further information concerning this matter, please call:

E.R. Boone, Jr.

Name of Person

at ( 352 ) 732-3344

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 19 PM 3:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foxfire Realty Management, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

126 N. HWY 441/27  
Lady Lake, FL 32159

Mailing Address:

615 E. Silver Springs Blvd  
Ocala, FL 34470

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:

E.R. Boone, Jr.

Name

615 E. Silver Springs Blvd

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

Ocala, FL 34470

FL

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 19 PM 3:57

**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

E.R. Boone, Jr.

615 E. Silver Springs Blvd

Ocala, FL 34470

MGR

Frederick L. Gosain

2024 Cordero Ct.

The Villages, FL 32159

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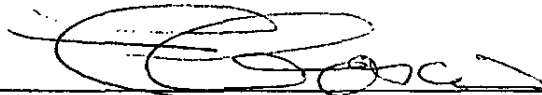
\_\_\_\_\_

(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.)

**Frederick L. Gosain**

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

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Firm/Company

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Address

Ocala, FL 34470

City/State and Zip Code

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Ocala, FL 34470

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

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FL

City, State, and Zip

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Registered Agent's Signature (REQUIRED)

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DIVISION OF CORPORATIONS  
22 JUN 19 PM 3:57

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"MGRM" = Managing Member

**Name and Address:**

MGR

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615 E. Silver Springs Blvd

Ocala, FL 34470

MGR

Frederick L. Gosain

2024 Cordero Ct.

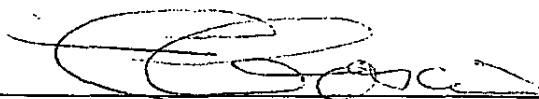
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