L12000088375

(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:





400236488804

06/18/12--01032--003 **70.00

400236488804 07/02/12--01017--005 **90.00

TILED

BILDUL -3 PM 3: 44

SECRETARY OF STATE
ALLAHASSEE, FLORIES

J. BRYAN

JUL - 6 2012

EXAMINER

2770mb

COVER LETTER

41

TO:	Registration Section Division of Corporations		
SUBJE	Seltzer Realty "LLC."		
0000		ted Liability Company	
The en	closed Articles of Organization and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this mat	eter to the following:	
	Lance Seltzer		
		Name of Person	
	Seltzer Realty "LLC."		
		Firm/Company	2812 SEC TALL
	820 Greenbriar Avenue		
		Address	-3 ASS
[Davie, Florida 33325		ARY OF
•		ty/State and Zip Code	3: L
_	Seltzerrealty@yahoo.com		E
-	E-mail address: (to be used	for future annual report notification)	
For fur	ther information concerning this matter, pleas	e call:	
Lanc	e Seltzer	at (954) 605-1642	
	Name of Person	Area Code & Daytime Tele	ephone Number
Enclos	sed is a check for the following amount:		
\$125.00	Filing Fee \$\int \\$130.00 \text{ 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s



FUR REVIEW

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2012

LANCE SELTZER 820 GREENBRIAR AVE DAVIE, FL 33325

SUBJECT: SELTZER REALTY LLC

Ref. Number: W12000033040

12 JUL -2 PH 3: 43

We have received your document for SELTZER REALTY LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

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) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 512A00016959

SECRETARY OF STATE

I AM SONDING THIS NOTE TO INFORM
YOU THAT YOU CURROUTLY HAVE \$70.00
OF MINE FROM MY PROVIOUS APPLICATION
THAT WAS DONIED. AMACHED IS THE
DONIAL FORM AND APPLICATION.

I WISH TO BE A LLC. AND HAD PROVIOUSLY FILLED OUT THE WRONG FORM.

THOUK YOU

LANCE SETTLER

FILED
12 JUL -3 PM 3: 4
ECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liability Company is:	
Seltzer Realty "LLC."	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:	
he mailing address and street address of the principal office of the Limited Liability Company	is:

ARTICLE'I - Name:

Principal Office Address:	Mailing Address:
820 Greenbriar Avenue	820 Greenbriar Avenue
Davie Florida 33325	Davie Florida 33325

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:

Lance Seltzer

Name

820 Greenbriar Avenue

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

Davie

FL 33325

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

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
	LAFE JUL 1
	m-<
	F.F. ST.
(Use attachment if necessary)	
ICLE V: Effective date, if other than effective date is listed, the date mu	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date mu	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business days Leading to the specific and cannot be more than five business days ember or an authorized representative of a member.
ICLE V: Effective date, if other than effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false constitutes a third degree in the second constitutes at third degree in the second constitutes at the second constitutes at third degree in the second constitutes at the s	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
ICLE V: Effective date, if other than effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false constitutes a third degree in the second constitutes at third degree in the second constitutes at the second constitutes at third degree in the second constitutes at the s	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

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)