

L12000129651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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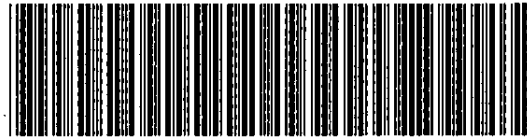
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 10 AM 9:55

OCT 11 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOXFIRE REALTY RELOCATION REFERRALS
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:

GENE BOONE

Name of Person

FOXFIRE REALTY

Firm/Company

615 E. SILVER SPRINGS BLVD.

Address

OCALA FLORIDA 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:

GENE BOONE

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

Foxfire

REALTY

October 5, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Requested information Florida Limited Liability Company
Check #12374 - \$130.00 enclosed

Name: E. R. Boone (Gene)
Foxfire Realty LLC
615 E. Silver Springs Blvd.
Ocala, FL 34470

Phone: 352-732-3344, Extension 121

615 E. Silver Springs Blvd.
Ocala, Florida 34470
(352) 732-3344

3900 N.W. Hwy. 27
Ocala, Florida 34482
(352) 867-8800

8721 S.W. Hwy. 200
Ocala, Florida 34481
(352) 479-0123

16570 South Hwy. 441
Summerfield, Florida 34491
(352) 307-0304

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOXFIRE REALTY RELOCATION REFERAL " L.L.C."

(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:

615 E. SILVER SPRINGS BLVD.
OCALA FL. 34470

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:

EUGENE RAYMOND BOONE

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)

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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. _____

KIRK BOONE, MGR _____

(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.)

E. R. BOONE

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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