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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-62944

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTEGRITY ESTATE SALES OF NORTHWEST FLORIDA 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:

MARIA DAEHN / LENANORA SWAIN

Name of Person

INTEGRITY ESTATE SALES OF NORTHWEST FLORIDA LLC

Firm/Company

4029 HWY 90

Address

PACE FLORIDA 32571

City/State and Zip Code

equityaccounting@bellsouth.net

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

For further information concerning this matter, please call:

MARIA DAEHN / LENANORA SWAIN at (**850**) **232-7745**

Name of Person

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

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

INTEGRITY ESTATE SALES OF NORTHWEST FLORIDA LLC

ARTICLE II: ADDRESS

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

Principle Office Address
4029 Highway 90
Pace, Florida 32571

Mailing Address
4029 Highway 90
Pace, Florida 32571

ARTICLE III: PURPOSE

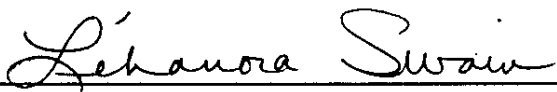
The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV: REGISTERED AGENT

The name and the Florida street address of the registered agent is:

LENANORA SWAIN
8639 NORTH RAWLS AVENUE
PENSACOLA, FLORIDA 32534

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the certificate; I hereby accept the appointment as registered agent 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 603, F.S.



Registered Agent Signature (Required)

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ARTICLE V: MEMBER(S) OR MANAGING MEMBER(S):

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

Title:

MGRM = Managing Member

MEM = Member

Name and Address:

MGRM

LENANORA SWAIN
8639 NORTH RAWLS AVENUE
PENSACOLA, FLORIDA 32534

MEM

MARIA DAEHN
10127 HOLSBERRY ROAD
PENSACOLA, FLORIDA 32534


ARTICLE VI: EFFECTIVE DATE:

The effective date is to be January 1st, 2013.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member



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 in s.817.155, F.S.)

LENANORA SWAIN

Typed or printed name of signee