

L13000086926

(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



600248540486

06/14/13--01020--001 \*\*155.00

JUN 17 2013

B. KOHR

FILED  
13 JUN 14 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(850) 245-6051.

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Real Estate Central Referrals, 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:

**Sharon M Watson**

Name of Person

**Real Estate Central Referrals, LLC,**

Firm/Company

**PO Box 1416**

Address

**Winter Haven, FL 33882**

City/State and Zip Code

**sharonwatson@mindspring.com**

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

For further information concerning this matter, please call:

**Sharon M. Watson**

Name of Person

at **(863) 557-4800**

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

FILED  
13 JUN 14 PM 3:45  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Real Estate Central Referrals, 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:

230 Central Ave.

Winter Haven, FL 33880

#### Mailing Address:

PO Box 1416

Winter Haven, FL 33882

### 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:

Sharon M. Watson

Name

1601 Sixth St, SE

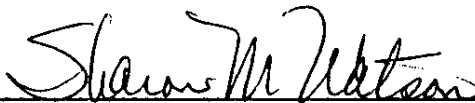
Florida street address (P.O. Box **NOT** acceptable)

Winter Haven, FL 33880

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)

**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:**

Sharon M Watson, MGR

Sharon M. Watson

PO Box 1416

Winter Haven, FL 33880

R. Todd Dantzler, MGRM

R. Todd Dantzler

801 Piedmont Dr, SE

Winter Haven, FL 33880

Richard Hemenway, MGRM

Richard Hemenway

2 Tera Lane

Winter Haven, FL 33880

Janelle Pruitt, MGRM

Janelle Pruitt

220 Hibiscus Drive

Auburndale, FL 33823

(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.)

Sharon M. Watson

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation**