

✓
L13000132842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

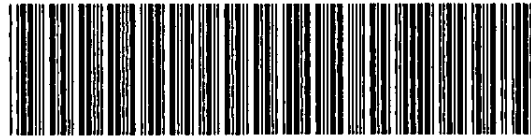
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-50861

Office Use Only



400251447634

09/12/13--01011--015 **125.00

EFFECTIVE DATE 09-14-13

2013 SEP 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 19 2013

EXAMINER

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **A+ Realty, 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:

Tim Irby + Frank Vaughn

Name of Person

Town & Country Real Estate

Firm/Company

277 Magnolia Avenue SW

Address

Winter Haven, FL 33880

City/State and Zip Code

frankvaughn@townandcountry.net

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

For further information concerning this matter, please call:

Tim Irby

Name of Person

at

863

293-1141

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 SEP 18 PM 12:55
#ES1
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A+ Realty, 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:

277 Magnolia Avenue SW

Winter Haven,

Florida 33880

Mailing Address:

277 Magnolia Avenue SW

Winter Haven,

Florida 33880

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:

Tim Irby

Name

277 Magnolia Avenue SW

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


Winter Haven, FL 33880

FL

City, State, and Zip

2013 SEP 18 PM 12:55
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

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:

MGR

Tim Irby

277 Magnolia Avenue SW

Winter Haven, FL 33880

MGR

Frank Vaughn

277 Magnolia Avenue SW

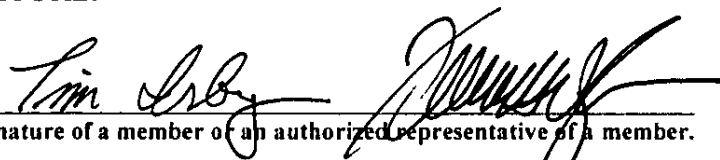
Winter Haven, FL 33880

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 14, 2013. (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 of 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.)

Tim Irby + Frank Vaughn

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2013

TIM IRBY
277 MAGNOLIA AVENUE SW
WINTER HAVEN, FL 33880

SUBJECT: A+ REALTY, LLC
Ref. Number: W13000050861

2013 SEP 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for A+ REALTY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please chose only one Registered Agent,

Please return 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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 713A00021598