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SECRETARY OF STATE
TALLARASSEE, FLORIDA

N. Guillgan SEP 25 2013

COVER LETTER,

TO: **Registration Section Division of Corporations** Corriveau Realty LLC SUBJECT: 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: Elizabeth Beazley Corriveau Name of Person Firm/Company 52 Hilltop Drive Address Santa Rosa Beach, Florida 32459 City/State and Zip Code elizabeth.b.corriveau@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elizabeth Corriveau 850 543-4166 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$160.00 Filing Fee, **□\$125.00** Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Corriveau Realty LLC		
(Must end with the words "Limited	d 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:	Mailing Address:	
52 Hilltop Drive	52 Hilltop Drive	
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459	
	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another	
The name and the Florida street address of	f the registered agent are:	
Elizabeth Beazley C	Corriveau & T	
	Name ASSEE	
52 Hillton Drive		

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..

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

Santa Rosa Beach, FL 32459

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Elizabeth B. Corriveau MGR 52 Hilltop Drive Santa Rosa Beach, FL 32459 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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.)

Elizabeth B. Corriveau

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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