

# L140000000120

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

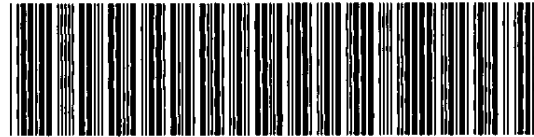
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 300255102123

01/02/14--01010--001 \*\*125.00

RECEIVED  
OFFICE OF STATE  
RECORDS & ADMINISTRATION  
2014 JAN -2 AM 9:25  
TO: ALABAMA  
SUFFICIENCY OF FILING

2014 JAN -2 AM 9:40  
OFFICE OF STATE  
RECORDS & ADMINISTRATION  
FLORIDA

APPROVED  
AND  
FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: North Florida Real Estate Services 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:

**Rita Fox**

Name of Person

**N. FL. Real Estate Services LLC.**

Firm/Company

**5374 Jackson Bluff Rd**

Address

**Tallahassee, FL 32310**

City/State and Zip Code

**RitaFox@comcast.net**

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

For further information concerning this matter, please call:

**Rita Fox**

Name of Person

**850**

Area Code

**510-4695**

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:

North Florida Real Estate Services 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:

Mailing Address:

5374 Jackson Bluff Rd  
Tallahassee, FL 32310

5374 Jackson Bluff Rd  
Tallahassee, FL 32310

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:

Rita Fox

Name

5374 Jackson Bluff Rd

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

Tallahassee

FL 32310

City

Zip

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN -2 AM 9:41

APPROVED  
AND  
FILED

*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 605, F.S.*

Rita Fox

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Rita Fox

5374 Jackson Bluff Rd

Tallahassee, FL 32310

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Rita Fox

Rita Fox

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)**

STATE  
OF FLORIDA  
DEPARTMENT OF STATE

12-10-2 AM 9:41

APPROVED  
AND  
FILED