

L14000031036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

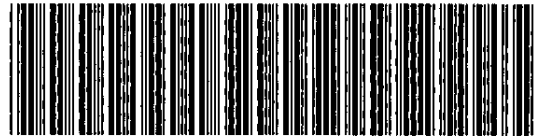
(Document Number)

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

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2014 FEB 21 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan FEB 24 2014

**Redfern Real Estate Services LLC**  
**1028 SE 20<sup>th</sup> Ave**  
**Cape Coral, Florida 33990**  
**239-834-7756**

January 30, 2014

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Redfern Real Estate Services LLC  
EIN: 46-1228982  
L12000135621

Dear Ladies and Gentlemen,

This letter is to inform you that we are releasing the name Redfern Real Estate Services LLC and we have no intention of reinstating as a new limited liability company.

We respectfully request that you update your records accordingly. If further information is required please contact me at 239-834-7756.

We are making application as a new corporation in the State of Florida. Please see the enclosed application along with the appropriate filing fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'Leland T. Redfern', with a long, sweeping horizontal line extending to the right.

Leland T Redfern  
Manager

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Redfern 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:

**Michele M. Hoover**

Name of Person

Firm/Company

**6361 Presidential Ct., Ste A**

Address

**Fort Myers, FL 33919**

City/State and Zip Code

**mhoover@alexanderhoovercpas.com**

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

For further information concerning this matter, please call:

**Michele Hoover**

Name of Person

at ( **239** ) **481-4114**

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:

Redfern 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:**

1028 SE 20th Ave  
Cape Coral, FL 33990

1028 SE 20th Ave  
Cape Coral, FL 33990

**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:

Leland T Redfern

Name

1028 SE 20th Ave

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

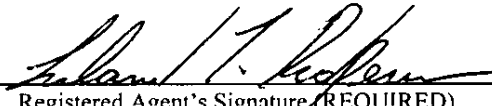
Cape Coral

FL 33990

City

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 605, F.S..*

✓   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_

Mgr \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Redfern, Leland T

1028 SE 20th Ave

Cape Coral, FL 33990

Redfern, Michel L

1028 SE 20th Ave

Cape Coral, FL 33990

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

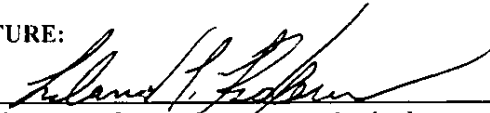
**ARTICLE V:** Effective date, if other than the date of filing: 2/14/14 (OPTIONAL)

(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.)

Leland T Redfern

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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