

L14000040384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

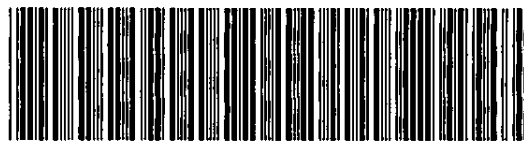
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-9318

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02/11/14--01010--015 **125.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 11 AM 8:36

FILED

EFFECTIVE DATE 02/11/14

MAR 11 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2014

KIMBERLY ABREU
PO BOX 351717
PALM COAST, FL 32135

SUBJECT: REALTORS CONNECTION, LLC
Ref. Number: W14000009318

We have received your document for REALTORS CONNECTION, 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 11, 2014. Please amend your document accordingly.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00003212

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Realtors Connection, 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:

Kimberly Abreu
Name of Person

Realtors Connection, LLC
Firm/Company

PO Box 351717
Address

Palm Coast FL 32135
City/State and Zip Code

teamofdreams7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Abreu at (386) 237-4182
Name of Person Area Code Daytime Telephone Number

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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:

Realtors Connection, 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:

1 Pine Bush Ln
palm coast FL
32164

Mailing Address:

P.O Box 351717
palm coast FL
32135

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:

Kimberly Abreu
Name

1 Pine Bush Lane
Florida street address (P.O. Box NOT acceptable)

palm coast FL 32164
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.

Kimberly Abreu
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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EFFECTIVE DATE 02/11/14

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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

AMBR

Name and Address:

Kimberly Abreu

1 Pine Bush Lane
Palm Coast, FL 32164

Ciro Pignato

7736 Sanibel Dr
Tamarae, FL 33321

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb. 11th, 2014 (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:

Kimberly Abreu

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.)

Kimberly Abreu

Typed or printed name of signer

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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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA