

L14000048987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

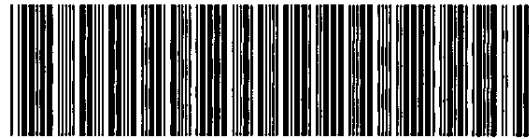
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300257354133

03/05/14--01009--015 **125.00

W14-14558

FILED

14 MAR 24 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REAL ESTATE HEADQUARTERS, 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:

ANGELA RICE

Name of Person

GUARDIAN LAW

Firm/Company

10421 S. JORDAN GTWY., STE 600

Address

SOUTH JORDAN, UT 84095

City/State and Zip Code

INFO@VEILCORPORATE.COM

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

For further information concerning this matter, please call:

ANGELA RICE

Name of Person

888

Area Code

727-7387

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2014

ANGELA RICE
10421 S JOIRDAN GTWY STE 600
SOUTH JORDAN, UT 84095

SUBJECT: REAL ESTATE HEADQUARTERS, LLC
Ref. Number: W14000014558

We have received your document for REAL ESTATE HEADQUARTERS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 514A00004920

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Real Estate Headquarters of Tampa Bay, 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:

Northwest Registered Agent LLC

3030 N. Rocky Point Dr., STE 150A

Tampa, FL 33607

2655 Ulmerton Rd #279

Clearwater, FL 33762

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:

NORTHWEST REGISTERED AGENT LLC

Name

3030 N. Rocky Point Dr., STE 150A

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

Tampa

City

FL 33607

Zip

FILED
14 MAR 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, 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 605, F.S..



Dan Keen - Manager

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

AMBR

MGR

MGR

Name and Address:

Creative Finance Options, LLC

10421 S. Jordan Gtway., STE 600

South Jordan, UT 84095

Nicole Rhodes

2655 Ulmerton Rd #279

Clearwater, FL 33762

David Rhodes

2655 Ulmerton Rd #279

Clearwater, FL 33762

FILED
14 MAR 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.

The Members/Managers may in their discretion distribute the profits and/or capital of the LLC business pro rata or non-pro rata as they deem advisable. If the Members/Managers make non-pro rata distributions, those distributions shall be taken into account in recalculating each Members/Managers Capital Account (and/or Drawing Account) at the end of the LLCs fiscal year.

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.)

Angela Rice

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)