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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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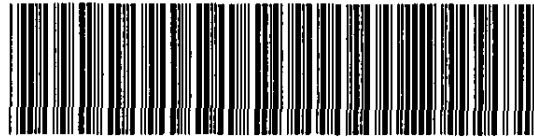
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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 5/30/14**

**NAME: KING REALTOR, LLC**

**TYPE OF FILING: ARTICLES**

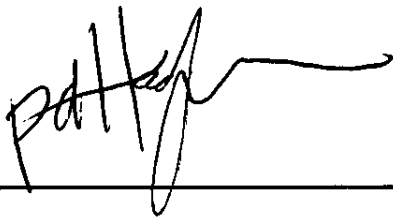
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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2014 MAY 30 AM 10:15  
TALLAHASSEE, FL 32302  
STATE OF FLORIDA  
CLERK OF SUPERIOR COURT

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: King Realtor, 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:

Charles Lee  
Name of Person

King Realtor, LLC  
Firm/Company

30142 Kladruby Point  
Address

Mount Dora, FL 32757  
City/State and Zip Code

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

For further information concerning this matter, please call:

Charles Lee at ( 213 ) 200-3319  
Name of Person 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

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TALLAHASSEE, FL 32301  
MAY 30 2014

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

King Realtor, 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:**

30142 Kladruby Point  
Mount Dora, FL 32757

**Mailing Address:**

30142 Kladruby Point  
Mount Dora, FL 32757

**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:

Charles Lee

Name

30142 Kladruby Point

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

Mount Dora

City

FL 32757

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)

FILED  
2014 MAY 30 PM 10 15  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**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

**Name and Address:**

Charles Lee

30142 Kladruby Point

Mount Dora, FL 32757

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TALLAHASSEE, FL 32301  
CLERK OF CIRCUIT COURT

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/03/2014. (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:**



**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.)

Charles Lee

\_\_\_\_\_  
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)