

L14000143081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

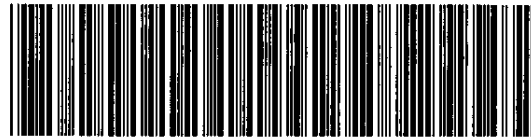
(Document Number)

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Certificates of Status ☒

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FILED  
14 SEP - 8 PM 1:45  
TALLAHASSEE, FLORIDA

SEP 12 2014

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUN REALTY Estate Agents, 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:

SUE LARREAU BERGSTROM  
Name of Person

SUN REALTY Estate Agents  
Firm/Company

1532 LAND O' LAKES BOULEVARD SUITE C  
Address

LUTZ FLORIDA 33549  
City/State and Zip Code

sue151@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON DEVAL at ( 813 ) 949-6444  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

SUN REALTY Estate Agents, 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:

1532 LAND O' LAKES BOULEVARD  
SUITE C  
LUTZ, FLORIDA 33549

SAME

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.)

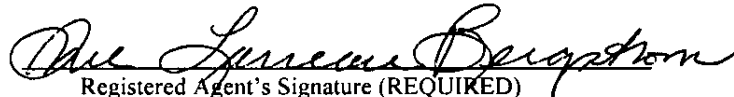
The name and the Florida street address of the registered agent are:

SUE LARREAU BERGSTROM  
Name

1532 LAND O' LAKES BOULEVARD, SUITE C  
Florida street address (P.O. Box NOT acceptable)

LUTZ FL 33549  
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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AP \_\_\_\_\_

MGR \_\_\_\_\_

AMBR \_\_\_\_\_

**Name and Address:**

SUE LARREAU BERGSTROM \_\_\_\_\_

20500 COT ROAD #621 \_\_\_\_\_

LUTZ FL 33558 \_\_\_\_\_

RONALD DEVAL \_\_\_\_\_

23110 STATE RD 54 #101 \_\_\_\_\_

LUTZ FLORIDA 33549 \_\_\_\_\_

ELAINE DEVAL \_\_\_\_\_

23110 STATE RD 54 #101 \_\_\_\_\_

LUTZ FLORIDA 33549 \_\_\_\_\_

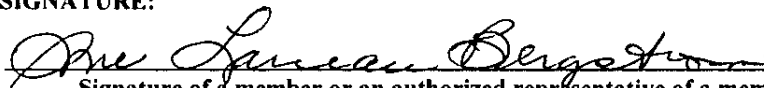
(Use attachment if necessary)

**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.)

SUE LARREAU BERGSTROM \_\_\_\_\_

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)