## L15000009289

| (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: |





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L15-9289

01/07/15--01016--024 \*\*130.00



JAN 16 2015 N. CAUSSEAUX

## **COVER LETTER**

| TO: Registration Division of C        |   |  |  |
|---------------------------------------|---|--|--|
| SUBJECT: <u>9.</u> 0                  | C. Realty<br>Name of Lin                    | LLC<br>nited Liability Company   | ·  |
|                                       | - <del>-</del>                              |  |  |
| The enclosed Articles                 | of Organization and fee(s) are              | e submitted for filing.  | •  |
| Please return all corres              | pondence concerning this ma                 | atter to the following:  |  |
| Jeni                                  | ny Alexano                                  | der  |  |
|                                       |   |  |  |
| Eve                                   | ns Family                                   | Dental   |  |
| · · · · · · · · · · · · · · · · · · · |   | Firm/Company   |  |
| 109                                   | Azalea Pl                                   | ace  |  |
| <del></del>                           |   | Address  |  |
| nep                                   | tune Beac                                   | h FL 3220 ity/State and Zip Code ail_ Com If for future annual report notifica | e Co   |
| •                                     | C   | ity/State and Zip Code   |  |
| <u>Jenna</u>                          | Lex 23 @ gm                                 | ail- com   | tion)  |
|                                       |   |  | non)   |
| For further information               | concerning this matter, plea                | se call:   |  |
| Maron 9                               | ven(  | 964, 955-11  | 51   |
| Nam                                   | e of Person                                 | Pou955-11Area CodeDaytime Tel  | ephone Number  |
| Enclosed is a check for               | r the following amount:                     |  |  |
| □ \$125.00 Filing Fee                 | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed)              | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mail                                  | ling Address                                | Street/Courier Addi  | ress   |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLE I - Name: The name of the Limited Liability Company is: E. C. Realty 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: E. C. Realty Jenny Alexander 109 Azalea Place Prophene Beach, Fl. 32246 Nephyne Beach F. 32246

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

another business entity with an active Florida registration.)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Jenny Alexander

Name

109 Azalea Place

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

Neptune Beach FL 322 (e Co

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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)

Page 1 of 2

| Title: "AMBR" = Authorized Member "MGR" = Manager  | Name and Address:  |
|--|--|
| AMBR   | Aaron Evens<br>109 Azaka Plau<br>Neptune Beach Fr 32266            |
| AMBR   | Micholas Comerford  Rul Scha Marina Drive atlantic Beach, Fe 32233 |
| (Use attachment if necessary)  | e of filing: 01/05/15 . (OPTIONAL)                                 |
| fective date is listed, the date must be sp  | ecific and cannot be more than five business days prior to or 9    |
| LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any. | ecific and cannot be more than five business days prior to or 9    |
| ffective date is listed, the date must be spectified.)   | pecific and cannot be more than five business days prior to or 9   |

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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