## L15000067413

(Re	equestor's Name)	
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SECRETARY OF STATE

215-20835

## **COVER LETTER**

Division of Corporat	ions		
SUBJECT:		OMES REALTY, LLC nited Liability Company	and the stant and the first flow files files for the stant of the stan
	Name of En	inica Biabinty Company	
The enclosed Articles of Organ	ization and fee(s) a	re submitted for filing.	
Please return all correspondence	e concerning this m	atter to the following:	
STEVEN E. CHA	MBERS		
		Name of Person	•
BETTER HOMES	REALTY, LLC		
		Firm/Company	
D O DOV 261205			
<u>P O BOX 361385</u>		Address	
HOOVER, AL 352	236	City/State and Zip Code	
STEVECHAMBERS1@			
E-mail	address: (to be use	d for future annual report notifica	ation)
For further information concern	ing this matter, ple	ase call:	
STEVE CHAMBERS  Name of Pers		205 ) 266-4424 Area Code Daytime Tel	
Name of Fers	Oli	Augustic 10.	rephone reamou
Enclosed is a check for the follo	owing amount:		
\$125.00 Filing Fee	0.00 Filing Fee & ificate 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)
<u>Mailing Add</u>	ress	Street/Courier Add	ress
Registration S	ection	Registration Section	
Division of C P.O. Box 632		Division of Corporat Clifton Building	HOHS
Tallahassee, l		2661 Executive Cent	ter Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF ST Division of Corporations

March 25, 2015

STEVEN E CHAMBERS P O BOX 361385 HOOVER, AL 35236

SUBJECT: BETTER HOMES REALTY, LLC

Ref. Number: W15000020855

We have received your document for BETTER HOMES REALTY, LLC and your check(s) totaling \$130.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is G09924 (BETTER HOMES REALTY, INC).

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 015A00005959

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BETTER HOMES REAL ESTATE, LLC	
(Must end with the words "Limited l	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	Fice of the Limited Liability Company is:
The manning address and street address of the principal of	nee of the Emated Elability Company is.
Principal Office Address:	Mailing Address:
10517 FRONT BEACH ROAD	P O BOX 361385
#4-1406	HOOVER, AL 35236
PANAMA CITY BEACH, FL 32407	
(The Limited Liability Company cannot serve as its own Is another business entity with an active Florida registration.)  The name and the Florida street address of the registered and the Florida street address.	ı.)
STEVEN E. CHAMBERS	
Name	
10517 FRONT BEACH ROAD	, #4-1 <u>406</u>
Florida street address (P.O. Box	NOT acceptable)
PANAMA CITY BEACH	FL 32407
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in section 1.5.  Gumular (REQUIRED)

(CONTINUED)

Page 1 of 2

15 APR 15 PH 3: 20
SECRETARY OF STATE

Citle: AMBR" = Authorized Member	Name and Address:
'MGR" = Manager MGR	STEVEN E. CHAMBERS
Man	10517 FRONT BEACH ROAD, #4-1406
	PANAMA CITY BEACH, FL 32407
MGR	CARLA J. CHAMBERS
MGH	10517 FRONT BEACH ROAD, #4-1406
	PANAMA CITY BEACH, FL 32407
(Use attachment if necessary)	
	te of filing: (OPTIONAL)
EV: Effective date, if other than the dat	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or
E V: Effective date, if other than the datective date is listed, the date must be s	te of filing:
V: Effective date, if other than the date ctive date is listed, the date must be so filling.)	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or
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E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 6)	pecific and cannot be more than five business days prior to or  What was a substitute of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und	nember or an authorized representative of a member.  305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member.  305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

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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