

# L18000133536

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
TALLAHASSEE, FLORIDA

18 MAY 29 PM 3:52

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pruitt Realty, 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:

Lisa Pruitt  
Name of Person

Pruitt Realty, LLC  
Firm/Company

13050 Gran Bay Pkwy #529  
Address

Jacksonville FL 32258  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Pruitt at ( 904 ) 703-0667  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee Certificate of Status	\$130.00 Filing Fee & Certified Copy	\$155.00 Filing Fee & Certificate of Status & (additional copy is enclosed)	\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
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**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

**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

MGR = Manager

Lisa Pruitt

Name and Address:

Lisa Pruitt  
13050 Gran Bay Pkwy #529  
Jacksonville, FL 32256

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18 MAY 29 PM 3:52  
FBI JACKSONVILLE, 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:

Lisa Pruitt

**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.)

Lisa Pruitt

Typed or printed name of signee