

# L19000037510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

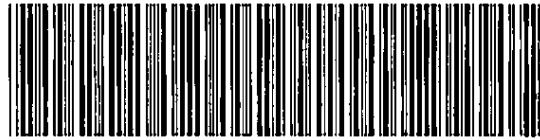
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Corey \_\_\_\_\_ GAVE  
CORRECTION BY PHONE TO  
correct Articles I, II, IV  
date 2/15/19

EXAM

Office Use Only



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19 FEB 15 AM 9:27  
STATE OF FLORIDA  
TALLAHASSEE

N CULLIGAN

2/15/19

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: C & T Reality & Renovations "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:

Corey Wiggins  
Name of Person

C & T Reality & Renovations "LLC"  
Firm/Company

P O Box 1394  
Address

FT. Pierce FL 34954  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corey Wiggins at ( 772 ) 626-6508  
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

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

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle

Corey Wiggins

To Whom this may concern  
Corey Wiggins have no intentions to Reopen  
J & T Realty and Renovation Corps. I have release to  
name to use new filling, for "LLC" not Corporation.

772. 626-6508

Corey Wiggins

Corey Wiggins

E I N #

82 - 439 2350



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2019

COREY WIGGINS  
PO BOX 1394  
FT PIERCE, FL 34954

SUBJECT: C & T REALITY RENOVATIONS & CORPS  
Ref. Number: W19000012368

We have received your document for C & T REALITY RENOVATIONS & CORPS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The in your relase letter doesnt match Name the Articles.

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.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 419A00002677

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C & T Realty Renovations LLC

(Must contain 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:

1104 North 17th St  
Apt B  
Ft. Pierce, FL 34950

P.O. Box 1394  
Ft. Pierce, FL 34954

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:

Corey Wiggins  
Name

1104 North 17 street Apt B  
Florida street address (P.O. Box **NOT** acceptable)  
Ft. Pierce FL 34950  
City State 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..

Corey Wiggins  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

19 FEB 15 AM 9:27

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19 FEB 15 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

Corey Wiggins (MGR)

1104 North 17th St  
Apt B  
Ft. Pierce, FL 34950

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

No intention to Reopen C & T Realty

**REQUIRED SIGNATURE:**

Corey Wiggins

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

\_\_\_\_\_  
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)