

L19000085810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

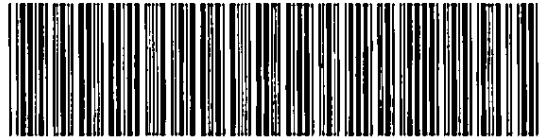
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 2 2019

J. CARTER MOORE, ESQ.
P. O. Box 608405
Orlando, FL 32860

407/291-8117

Email jocamo@cfl.rr.com

March 14, 2019

Secretary of State
Division of Corporations
Clifton Building
1661 Executive Center Circle
Tallahassee, FL 32301

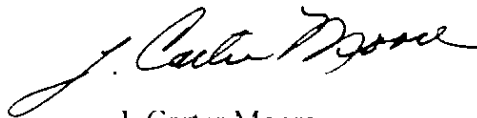
Re: Real Estate Entities, LLC

Dear Sir:

Enclosed you will please find the Articles of Organization of the above LLC to be filed with the Secretary of State. Also enclosed is my check in the amount of \$1000.00 to cover the cost of filing along with an additional \$30.00 for a certified copy. Please send the certificate to me at the above address.

Thank you for your assistance in this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "J. Carter Moore", written in a cursive style.

J. Carter Moore

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: REAL ESTATE ENTITIES, 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:

J. CARTER MOORE

Name of Person

Firm/Company

P. O. BOX 608405

Address

ORLANDO, FL 32860

City/State and Zip Code

JOCAMO@CFL.RR.COM

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

For further information concerning this matter, please call:

J. CARTER MOORE

407

340-4208

at ()

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
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REAL ESTATE ENTITIES, 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:

2805 3rd Ave., South

St. Petersburg, FL 33712

Mailing Address:

P. O. BOX 531904

St. Petersburg, FL 33747

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:

J. Carter Moore, Esq.

Name

5047 Jamaica Circle

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

Orlando

FL

32808

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.


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

MGR

Name and Address:

Patricia A. Bond

P. O. Box 531905

St. Petersburg, FL 33747

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TALLAHASSEE, 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.)

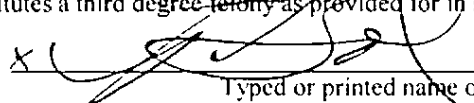
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.

 Patricia A. Bond
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)