

L19000220810

(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:

Office Use Only



200329418232

07/24/19--01055--022 **125.00

19 AUG 19 PM 1:38

D O'KEEFE
SEP 10 2019

W19-73930



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2019

HARRIET P. DAVIS
5110 PICADILLY CIRCUS COURT
ORLANDO, FL 32839

SUBJECT: DAVIS NOTARY AGENT FOR REALTOR SIGN AND CLOSE LLC
Ref. Number: W19000073930

RECEIVED
TALLAHASSEE, FLORIDA
19 AUG 19 PM 1:39

We have received your document for DAVIS NOTARY AGENT FOR REALTOR SIGN AND CLOSE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 619A00016484

19 AUG 19 11:11

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Davis Notary Agent For Realtor Sign And Close 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:

Harriet Patricia Davis
Name of Person

Davis Notary Agent For Realtor Sign And Close LLC
Firm/Company

5110 Picadilly Circus Court
Address

Orlando, FL 32839
City/State and Zip Code

duckpdavis0@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harriet Patricia Davis at (407) 668-2739
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
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Davis Notary Agent For Realtor Sign And Close 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:

Mailing Address:

5110 Picadilly Circus Court
Orlando, FL 32839

5110 Picadilly Circus Court
Orlando, FL 32839

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.)

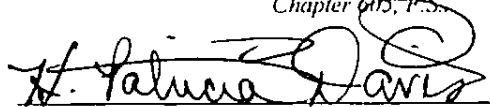
The name and the Florida street address of the registered agent are:

Harriet Patricia Davis
Name

5110 Picadilly Circus Court
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32839
City 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)

FILED
19 AUG 19 PM 1:53
TALLAHASSEE, FL 32304

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:

Harriet Patricia Davis

5110 Picadilly Circus Court

Orlando, FL 32839

(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:



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.)

Harriet Patricia Davis

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)

FILED

19 AUG 19 PM 1:39

FILED

