

L20000055184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

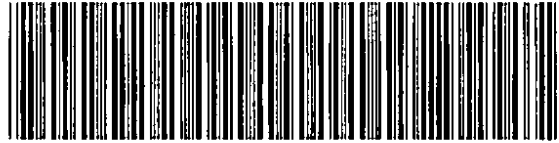
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2020 JAN 24 11:03 AM

M SIMMONS

JAN 24 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2020

ROBERT SCALERO  
1665 CANTERBURY DR  
INDIALANTIC, FL 32903

SUBJECT: REAL ESTATE SOLUTIONS, LLC  
Ref. Number: W20000016555

We have received your document for REAL ESTATE SOLUTIONS, 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):

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.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please see document number L16000181263 for conflicting name issue.

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.

Marti Simmons  
Regulatory Specialist II

Letter Number: 220A00003521

## COVER LETTER

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

**SUBJECT:** REAL ESTATE SOLUTIONS, 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:

ROBERT S SCALERO

Name of Person

Firm/Company

1665 CANTERBURY DR

Address

INDIALANTIC, FL 32903

City/State and Zip Code

bob@scalero.com

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

For further information concerning this matter, please call:

ROBERT S SCALERO

321

271-6700

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

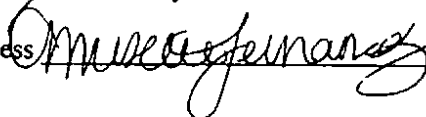
\* Please see "Notice of Release of Name" document (attached). This releases the name to Robert Scalero + Bonnie Scalero from Sandra Clodwick

NOTICE OF RELEASE OF NAME

I, Sandra J. Clodwick, President/Manager of REAL ESTATE SOLUTIONS, LLC, a Florida Limited Liability Company whose articles were filed on January 03, 2018 under document number L18000001965, hereby releases the name REAL ESTATE SOLUTIONS, LLC to Robert S. Scalero and Bonnie D. Scalero.

  
Sandra J. Clodwick

Witness , (print name) TIM PARKISON

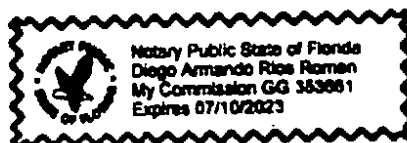
Witness , (print name) Musette Fernandez

STATE OF FLORIDA  
COUNTY OF FL

The foregoing instrument was acknowledged before me this        day of, JAN 17 2020 month, 2020, by Sandra J Clodwick, who is personally know to me or has produced drivers license as identification and who did take an oath.

(SEAL)

  
NOTARY PUBLIC



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REAL ESTATE SOLUTIONS, 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:

1665 CANTERBURY DR  
INDIALANTIC, FL 32903

Mailing Address:

1665 CANTERBURY DR  
INDIALANTIC, FL 32903

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:

ROBERT S SCALERO

Name

1665 CANTERBURY DR

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

INDIALANTIC

FL

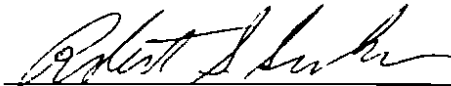
32903

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)

**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:**

AMBR

ROBERT S SCALERO  
1665 CANTERBURY DR  
INDIALANTIC, FL 32903

AMBR

BONNIE D SCALERO  
1665 CANTERBURY DR  
INDIALANTIC, FL 32903

(Use attachment if necessary)

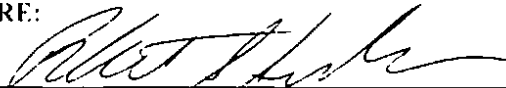
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

ROBERT S SCALERO

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)