

L210 00287000

(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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21 JUN 11 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE

JUN 21 2021

## CONOR LARKIN

4201 Sir Andrews Drive  
Doylestown, PA 19001  
clarkin7lax@gmail.com  
813-693-7096

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

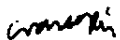
Ladies and Gentlemen:

Enclosed please find the articles of organization for Conor Real Estate Advisors LLC and my check made payable to the Florida Department of State in the amount of \$160.00 in payment for the following:

**\$ 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy**  
**\$ 5.00 Certificate of Status**

Please direct any questions to the undersigned at the telephone number listed above.

Sincerely,



Conor Larkin  
Authorized Member

**COVER LETTER**

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

**SUBJECT:** Conor Real Estate Advisors 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:

Conor Larkin

Name of Person

Firm/Company

1727 West La Salle Street

Address

Tampa, FL 33606

City/State and Zip Code

clarkin7lax@gmail.com

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

For further information concerning this matter, please call:

Conor Larkin

813

693-7096

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Conor Real Estate Advisors 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:

1727 West La Salle Street  
Tampa, FL 33606

Mailing Address:

1727 West La Salle Street  
Tampa, FL 33606

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:

Conor Larkin

Name

1727 West La Salle Street

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

Tampa

FL

33606

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.,*

*Conor Larkin*

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

**Name and Address:**

AMBR

Conor Larkin  
1727 West La Salle Street  
Tampa, FL 33606

(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.

Conor Larkin

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)

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