

L21000366731
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000296599 3)))



H210002965993ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.
Account Number : I20200000174
Phone : (239)262-5303
Fax Number : (239)262-6030

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Conrad@swfloridalaw.com

**FLORIDA LIMITED LIABILITY CO.
MICHAEL MOREIRAS REALTY, PLLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2021 AUG 16 PM 12:02

2021 AUG 16 PM 3:37



August 16, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAW OFFICE OF CONRAD WILLKOMM PA

SUBJECT: MICHAEL MOREIRAS REALTY, PLLC
REF: W21000112646

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

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 III

FAX Aud. #: H21000296599
Letter Number: 921A00019496

COVER LETTER

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

SUBJECT: MICHAEL MOREIRAS REALTY, PLLC

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:

Conrad Willkomm

Name of Person

Law Office of Conrad Willkomm, P.A.

Firm/Company

3201 Tamiami Trail North, Second Floor

Address

Naples, FL 34103

City/State and Zip Code

conrad@swfloridalaw.com

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

For further information concerning this matter, please call:

Amber Mondock

239

262-5303

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:

MICHAEL MOREIRAS REALTY, PLLC

(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:18253 Maple Road
Fort Myers, FL 33967**Mailing Address:**18253 Maple Road
Fort Myers, FL 33967**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:

Law Office of Conrad Willkomm, P.A.

Name

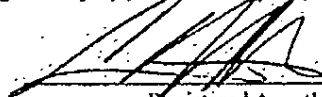
3201 Tamiami Trail North, Second FloorFlorida street address (P.O. Box **NOT** acceptable)NaplesFlorida34103

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)

60

SEARCHED
SERIALIZED
INDEXED
FILED
AUG 16 2021
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
SOUTHERN DISTRICT OF FLORIDA
FORT MYERS, FL

AUG 16 PM 12:02

FILED

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:**Michael T. Moreiras18253 Maple RoadFort Myers, FL 33967

(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.Organized to provide real estate brokerage services**REQUIRED SIGNATURE:**Michael T. Moreiras

Michael T. Moreiras (Aug 5, 2021 12:11 EDT)

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.Michael T. Moreiras

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)