# L21000419729

(Requestor's Name)	
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 032166 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: September 24, 2021 ORDER TIME : 11:13 AM ORDER NO. : 032166-005 CUSTOMER NO: 3419218 DOMESTIC FILING NAME: POTTER REALTY, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

# **COVER LETTER**

	lew Filing Se ivision of Co				
SUBJECT	Potter Res	alty, LLC			
oode.		Nan	e of Limited Li	ability Company	
The enclos	ed Articles o	f Organization and	fee(s) are submi	tted for filing.	
Please retu	m all corresp	ondence concernin	g this matter to	the following:	
	Scott D. Po	tter			
		-	Nam	e of Person	
	Potter Real	ty, LLC			
			Firm	/Company	,
	514 Greenv	vood Road			
		<del>.</del>	A	ddress	· · · · · ·
	Towson, M	aryland 21204			
	onengatereal	ty@gmail.com	City/State	and Zip Code	
_		<del></del>	be used for futu	re annual report notificat	ion)
For further in	nformation co	oncerning this matte	r, please call:		
	Scott D. Pot	ter	443 at (	632-7063	
•	Nan	ne of Person	Area Cod	e Daytime Telephor	ne Number
Enclosed is	a check for t	he following amour	nt:		
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of St	atus Cei	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	_	g Address		Street Address	
		iling Section		New Filing Section D	ivision
		on of Corporations ox 6327		The Centre of Tallah	
		assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810 13

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

2021 SEP 24 PM 12: 15

SECRETARY OF STATE TALLAHOSSEE, FL

Potter Realty, LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mail	ing address and street ad	dress of the principal o	office of the L	imited Liability Company is:		
	Principal Office Address:  514 Greenwood Road Towson, MD 21204			Mailing Address:		
				514 Greenwood Road Towson, MD 21204		
(The Linanother	LE III - Registered Ages aited Liability Company of business entity with an ac- e and the Florida street a	cannot serve as its own ctive Florida registration	Registered A	d Agent's Signature: Agent. You must designate an individual or		
		Zachary D. Potter				
			Name			
		115 N Arrawana Ave, Unit 2				
		Florida street addres	s (P.O. Box I	NOT acceptable)		
		Tampa	FL	33609		
		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..

Zachary D. Potter

egistered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

THE:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Scott D. Potter
377.013	514 Greenwood Road
	Towson, MD 21204
AMBR	Amy L. Potter
	514 Greenwood Road
	Towson, MD 21204
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	ASSO Sign
	<i>γ</i> , π.
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(Use attachment if necessary)	
	(0.000.00.00.00.00.00.00.00.00.00.00.00.
ARTICLE V: Effective date, if other than the d	late 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 no	ot meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Departme	ent of State's records.
ARTICLE VI: Other provisions, if any.	
• • •	
DECLUBED CICNATURE.	
<u>REOUIRED</u> SIGNATURE:	V / \M\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	1 61111111111
	/ - T V V / / V
Signature of a	member or an authorized representative of a member.
This document is exe	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	alse information submitted in a document to the Department of State
constitutes a third dea	gree felony as provided for in s.817.155, F.S.

Scott D. Potter

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)