# 22000430223

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	•	•
(Dc	cument Number)	
(23		
Certified Copies	Certificates	of Status
Certified Copies	_ Certinoates	Ol Glatus
Special Instructions to	Filing Officer:	

Office Use Only



900394012469

09/23/22--01010--022 \*\*125.00

D. O'KEEFE OCT - 6 2022

## **COVER LETTER**

TO: New Filing Se- Division of Co			
SUBJECT: TRE	EC REFERRAL Name of Lim	SERVICES L.C.	<u>.c</u>
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	KARI	FLECK	
		Name of Person	
	THE REALES	THIE COLLECTION	ULC
		Firm/Company	
	100 W. PLA	INT ST.	
		Address	
$\omega$	NITER GAR	DEN FL 347	87
_ <del></del>	Ci	ty/State and Zip Code	
ACCO	WITING WITHER	ty/State and Zip Code ZEHL ESTATE COLLEC,	TION COM
	E-mail address: (To be used	for future annual report notificati	on)
For further information co	oncerning this matter, please	call:	
1CAR.	FLECK at (	407 , 656-78	14
		rea Code Daytime Telephon	
Enclosed is a check for t	he following amount:		
25.00 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)
	ng Address Filing Section	Street Address New Filing Section Di	vision

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

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

A	R	ΤΊ	Ci	LE	1 -	- N	ame:
---	---	----	----	----	-----	-----	------

The name of the Limited Liability Company is:

THE REAL ESTATE COLLECTION REFERRAL SERVICES LCC (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:	Mailing Address:
100 W.PLANTST	100, W. PLA-NT ST
WINTER O ARDEN FL	WINTER GARDENFL
34787	34787

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:

<u> </u>	RI FLEC	K
Name		
100 W.	PLANT S	5T.
Florida street addre	ess (P.O. Box <u>NOT</u>	acceptable)
WINTER	GARDEN F	-L 34787
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 perfective agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 SEP 23 PM 1: 43

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Van Circus
MGR	KARI FLECK
	WINTER GARDEN FL 34789
	WINTER STARDEN FO START
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
•	te of filing: 9-16-2022 (OPTIONAL)
ne date of filing.) Note: If the date inserted in this block does not he document's effective date on the Departmer	meet the applicable statutory filing requirements, this date will not be list at of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	101
RECORED SIGNATURE:	
	1 0
	nember or an authorized representative of a member.
	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	lse information submitted in a document to the Department of State
_	ree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	Typed or printed name of signee
	1 year of printed name of signed
6136.00 FW. F. 6 . 4 . 4	Filing Fees:
	Filing Fees:
\$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: Organization and Designation of Registered Agent

PILE L