

L2300001829 4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

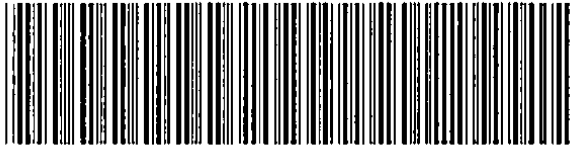
(Document Number)

Additional Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500400728815

S. CHATHAM
JAN 18 2023

FILED
DIVISION OF REVENUE
JAN 17 PM 4:56



JAN 17 PM 4:00

2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ 130.00

AUTHORIZATION: 
PROVEST GLOBAL REALTY GROUP LLC

Business Name **Document Number, (if known):**

☐ Walk in ☐ Pick up time ☐
☐ Mail out ☐ Will wait ☐ Photocopy
☐ **Certified Copy of Articles of Incorporation**
☒ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ **Limited Liability**
☐ Domestication
☐ Other
☐ **CORP**
☐ **PLLC**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ **APOSTIL()** _____
Country

MINISTER'S INITIALS: _____

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROVEST GLOBAL REALTY GROUP 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:

MONIQUE A YOUNG

Name of Person

PROVEST GLOBAL REALTY GROUP LLC

Firm/Company

2709 W FAIRBANKS AVE STE 207

Address

WINTER PARK, FL 32789

City/State and Zip Code

MONIQUEYOUNG1@COMCAST.NET

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

For further information concerning this matter, please call:

MONIQUE A YOUNG 407 462-4014
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

PROVEST GLOBAL REALTY GROUP 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:

2709 W FAIRBANKS AVE STE 207
WINTER PARK, FL 32789

Mailing Address:

2709 W FAIBANKS AVE STE 207
WINTER PARK, FL 32789

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:

MONIQUE A YOUNG

Name

2709 W FAIRBANKS AVE STE 207

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

WINTER PARK

FL

32789

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)

2023 JUN 17 PM 4:56

PROTESTANT
COURT REPORTER
STATE OF FLORIDA

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

AMBR

MONIQUE A YOUNG
2709 W FAIRBANKS STE 207
WINTER PARK, FL 32789

(Use attachment if necessary)

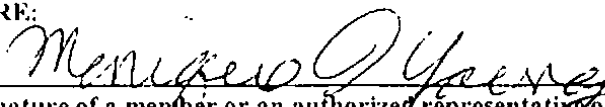
ARTICLE V: Effective date, if other than the date of filing: JANUARY 16, 2023 (OPTIONAL)

(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.

MONIQUE A YOUNG

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)