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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : T20180000011
Phone : (844)386-0178
Fax Number : (323)372-3532

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

Email Address: _____

RECEIVED

2024 DEC 19 AM 9:58

PALLMWOOD REALTY, LLC

FLORIDA LIMITED LIABILITY CO.
PALMWOOD REALTY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2024 DEC 19 PM 1:31

DIVISION OF CORPORATIONS

((H24000416729 3)))

8245 River Country Drive
Spring Hill, Florida 34607

December 18, 2024

New Filing Section
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Palmwood Realty, LLC

Dear Sir or Madam:

Please find attached Articles of Organization for the above-referenced entity.

I currently have a corporation registered with the State by the name of Palmwood Realty, Inc.

Please process the attached Articles of Organization for Palmwood Realty, LLC.

Thank you in advance for your help in this matter.

Sincerely,

X 
Stuart R. Glover

SRG/
Attachments

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SEC
DIVISION OF CORPORATIONS
2024 DEC 19 PM 4:34

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

PALMWOOD REALTY, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE
LIMITED LIABILITY COMPANY IS:

8245 RIVER COUNTRY DRIVE
SPRING HILL, FLORIDA 34607

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

STUART R. GLOVER
8245 RIVER COUNTRY DRIVE
SPRING HILL, FLORIDA 34607

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, FLORIDA STATUTES.

DATED: 12/17/24

X 
STUART R. GLOVER

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ARTICLE IV – MANAGEMENT AND MEMBERS

THE NAME AND ADDRESS OF EACH MANAGER, MANAGING MEMBER, OR MEMBER IS AS FOLLOWS:

MANAGER:

DEANNE M. GLOVER
8245 RIVER COUNTRY DRIVE
SPRING HILL, FLORIDA 34607

MANAGER:

STUART R. GLOVER
8245 RIVER COUNTRY DRIVE
SPRING HILL, FLORIDA 34607

DATED:

12/17/24

x


STUART R. GLOVER

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

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