## 105000/19052

(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE CLLAHASSEE, FLO 122

EFFECTIVE DATE

## **COVER LETTER**

TO: Registration So					
SUBJECT: Al Naç	gy LLC  (Name of Limite	d Liability Compa	nv)	<del>.</del>	<del></del>
	(				
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing			
Please return all corresp	ondence concerning this matte	er to the following:			
Al Nagy					
	(	Name of Person)			<del></del> -
Al Nagy L	LC				
	(	Firm/Company)			
13100 Ri	inaldi Road				
<del>- , , , , , , , , , , , , , , , , , , ,</del>		(Address)			
San Anto	onio/Florida 3357	<b>'</b> 6			
	(City	/State and Zip Code)		· · · · · · · · · · · · · · · · · · ·	
For further information	concerning this matter, please	call:			2005 SEC
Al Nagy		at (352	588-543		DEC -
(Name	e of Person)	(Area Code	& Daytime Te	lephone Number)	-9 ARY C
Enclosed is a check for	or the following amount:				PM 3: OF STA
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified Copy (additional copy is	,	S160.00 Fit Certificate of S Certified Cop (additional copy i	ling Fee, S Status & Dy
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	15	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:
imited Company" or their abbreviation "LLC," or "L.C.,")
inned company of alch authorization like, or blocky
e principal office of the Limited Liability Company is:
Mailing Address:
13100 Rinaldi Road
San Antonio/Florida 33576
registered Agent. You must designate an individual or another  ne registered agent are:
SECRETALL AHA
76 FL ST
to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

EFFECTIVE DATE

<u>Title:</u> "MGR" = Manager "MGRM" = Manag		Name and Address:		
MGR	_	Albert F Nagy 13100 Rinaldi Road		
		San Antonio/Florida 33576		
	-			
	_			
	_		<del></del>	
			SEC.	2005 [
(Use attachment if			ΞÃ	030
(OSC attachmicht H	necessary)	,	SE SE	9
ICLE V: Effective da	ite, if other than the		ARY PRON	- <u>-</u> - (A\$E)
ICLE V: Effective da	ite, if other than the	date of filing: January 1, 2006 . (O		- <u>-</u> - (A\$E)
CLE V: Effective da effective date is lister	te, if other than the d, the date must be e of filing.)			b IAE) ays pr
ICLE V: Effective da effective date is lister 90 days after the date <u>REQUIRED</u> SIG	nte, if other than the d, the date must be e of filing.)  NATURE:	e specific and cannot be more than five busing		b IAE) ays pr
ICLE V: Effective da effective date is lister 90 days after the date REQUIRED SIGI	te, if other than the d, the date must be e of filing.)  NATURE:  Signature of a member of	r or an authorized representative of a member.		b IAE) ays pr
ICLE V: Effective da effective date is lister 90 days after the date REQUIRED SIGI	te, if other than the d, the date must be e of filing.)  NATURE:  Signature of a member of this document constitute that the facts stated here.	r or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)		b IAE) ays pr
ICLE V: Effective da effective date is lister 90 days after the date REQUIRED SIGI	te, if other than the d, the date must be e of filing.)  NATURE:  Signature of a member of this document constitute that the facts stated here.	r or an authorized representative of a member.  stion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.		b IAE) ays pr