

LO1000006035

William B. McBride
Requester's Name
609 Piedmont Dr.
Address
Tallahassee, FL 32312
City/State/Zip
386-8798
Phone #

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 18 PM 4:45

APPROVED
AND
FILED

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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DO NOT ENTERED
TO AGENCY OF
SUFFICIENCY OF

AL-REG, LLC
(Corporation Name)

(Document #)

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(Corporation Name)

(Document #)

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

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Wet
4/18/01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAL-REG, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

609 Piedmont Dr.
Tallahassee, FL 32312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

William B. McBride
Name
609 Piedmont Dr.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee, FL 32312
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 608, F.S..

W.B. McBride
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional ~~article~~ must be added if an effective date is requested)

W.B. McBride
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William B. McBride
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)