## L0300046849

(Re	questor's Name)		
(Address)			
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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J. BAYAN NOV 2 1 2003

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fogarty & T	DEES	MC	
-			,
			Art of Inc. File
<del> </del>	<u> </u>	······································	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: W 11/21	f .	UCC 1 or 3 File	
		UCC 10 5 1116	
Name	Date	Time	UCC 11 Retrieval
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大学的一种,这个是一种的一种,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们

## TRANSMITTAL LETTER TO: Registration Section Division of Corporations SUBJECT: FOGAR + Y + Dees, 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: Tohn G. Smith (Name of Person) A merican Accurating Accurat

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, Toward 12214

1-0

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE SECTION AND THE SECTION AN
office of the Limited Liability Company is:
Mailing Address:
2009 SE 10th TERR
GAINESUILLE, FL 32641

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Fiorida street address of the registered agent are:

LARRY FOETRTY

Name

2009 SE 10 TRICALL

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

GAI NESO LLR FLORIDA 32641
City, State, and Zip

Having been named as registered agent and to accept service of process for the appointment as registered agent and 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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	LARRY FOGARTY LING SE 10th TERRALE GAINESUILLE DE 32641
MGRM	RANDALL DEES 4332 E UN VERSITY AVE G-A. NEEVILLE, FL 3264
THE CO.	
(Use attachment if necessary)	
	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or an	uthorized representative of a member.
(in accordance with section 608	.408(3), Florida Statutes, the execution offirmation under the ponaltics of perjury
ARRY Typed or pr	To SALTI inted name of signee

Filing Fees:

י דאטון - יייייייי

\$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)