

# L03000052963

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC - 8 PM 3:07

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12/15  
*[Signature]*

**Richard F. McGonnigal**  
1 St. John's Place Ormond Beach, FL 32176  
(C) 386-566-7115 (Fax) 313-557-0720  
[rmcgonnigal@cfl.rr.com](mailto:rmcgonnigal@cfl.rr.com)

December 4, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Please accept the enclosed Transmittal Letter, Articles of Organization and my check in the amount of \$160.00 for all standard and optional fees.

Thank you for your prompt attention to this matter and I assume that all appropriate materials resulting from this filing will be sent to the address above, as it is given several times in the enclosures.

Respectfully,

  
Richard F. McGonnigal

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANTIGUA FUNDING GROUP  
(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:

RICHARD F. MCGONNIGAL  
(Name of Person)

ANTIGUA FUNDING GROUP  
(Firm/Company)

1 ST. JOHNS PLACE  
(Address)

ORMOND BEACH, FL 32176  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

RICHARD F. MCGONNIGAL at 386, 566-7115  
(Name of Person) (Area Code & Daytime Telephone Number)

**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  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ANTIGUA FUNDING GROUP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1 ST. JOHNS PLACE  
ORMOND BEACH, FL 32176

**Mailing Address:**

1 ST. JOHNS PLACE  
ORMOND BEACH, FL 32176

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

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

RICHARD E. MCGONNICAL

Name

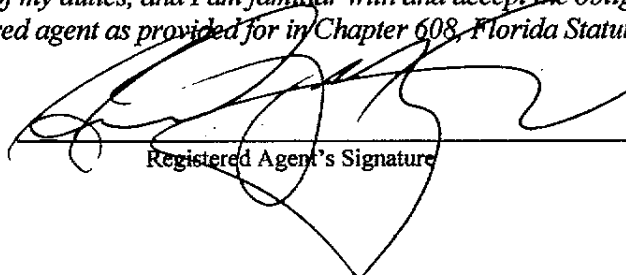
1 ST. JOHNS PLACE

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

ORMOND BEACH, FLORIDA 32176

City, State, and 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 608, Florida Statutes..*



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

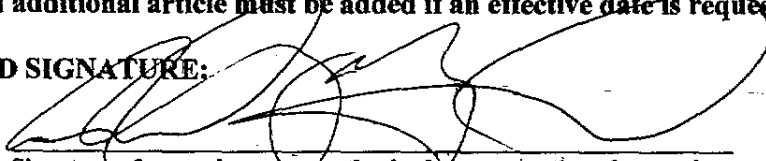
MGRM

RICHARD F. MCCONNIGAL  
1 ST. JOHNS PLACE  
ORLANDO BEACH, FL 32176

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

RICHARD F. MCCONNIGAL  
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)