

LD4000017995

James Regan

(Requestor's Name)

9298 Courtney Ln

(Address)

(Address)

TAMMASCHEE FL 32305

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

JAMES REGAN CO.

(Business Entity Name)

(Document Number)

Certified Copies

X

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



900029795749

03/08/04--01064--011 \*\*155.00

LD 05/08/04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR -8 PM 12:10

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAMES REGAN LTD CO.  
(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:

JAMES REGAN CO.  
(Name of Person)

SAME  
(Firm/Company)

9248 COURTNEY LN. TALL.  
(Address)

TALLAHASSEE FL 32305  
(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR - 8 PM 12:10

For further information concerning this matter, please call:

JAMES REGAN at (850) 273-2711  
(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

## ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES REGAN LTD. CO.

## ARTICLE II - Address:

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

### Principal Office Address:

9298 COURTNEY LN.  
TALLAHASSEE FL  
32305

### Mailing Address:

SAME

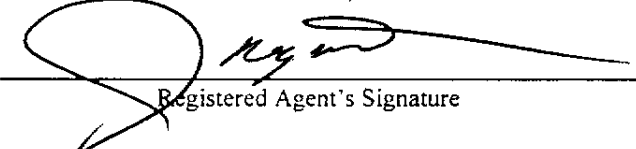
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

JAMES REGAN  
Name  
9298 COURTNEY LN  
Florida street address (P.O. Box **NOT** acceptable)  
TALLAHASSEE FL 32305  
City, State, and Zip

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
04 MAR - 8 PM 12:10

*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..*

  
Registered Agent's Signature

(CONTINUED)

**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

JAMES REGAN  
9298 COURTNEY LN  
TALLAHASSEE FL 32305

MGRM

DUKE WARWICK  
9298 COURTNEY LN  
TALLAHASSEE FL 32305

(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.)

JAMES REGAN

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR - 8 PM 12:10