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(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:]
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TRANSMITTAL LETTER

	tration Section	
Divisi	on of Corporations	•
SHRIECT. G	Baughan Realty Solutions, L.L.C.	
SUBSECTION.	(Name of Limited Liability Company)	
The enclosed A	Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to th	e following:
	Daniel M. Gaughan	
	(Name of Person)	
_	(Firm/Company)	
61 6 7 V	Vestgate Dr. apt. 604	
	(Address)	
	Orlando, Florida 32835	<u>.</u>
	(City/State and Zip Code)	
For further info	formation concerning this matter, please call:	
Daniel M. Ga	ughan at (407) 522-7691	
	(Name of Person) (Area Code & Daytime To	elephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Taliahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tailahassee, Fiorida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Gaughan Realty Solutions, L.L.C.	
ARTICLE II - Address:	
	ss of the principal office of the Limited Liability Compa
	, , , , , , , , , , , , , , , , , , ,
Principal Office Address:	Mailing Address:
6167 Westgate Dr. #604	6167 Westgate Dr. #604
Orlando, Fl. 32835	Orlando, Fl. 32835
ADTICLE IVI Doubtored Agent	Desistance Office & Desistance Agent's Signature
ARTICLE III - Registered Agent,	Registered Office, & Registered Agent's Signature:
~ • • • • • • • • • • • • • • • • • • •	
ARTICLE III - Registered Agent, The name and the Florida street addr	
• •	
The name and the Florida street addr	cas of the registered agent are:
• •	cas of the registered agent are:
The name and the Florida street addr Daniel M. Gaugha	n Name
The name and the Florida street addr Daniel M. Gaugha 6167 Westgate Dr	n Name
The name and the Florida street addr Daniel M. Gaugha 6167 Westgate Dr	n Name
The name and the Florida street addr Daniel M. Gaugha 6167 Westgate Dr	n Name #604 address (P.O. Box NOT acceptable) FLORIDA 32835
The name and the Florida street addr Daniel M. Gaugha 6167 Westgate Dr Florida street	Name .#604 : address (P.O. Box NOT acceptable)
The name and the Florida street addr Daniel M. Gaugha 6167 Westgate Dr Florida street Orlando,	Name #604 address (P.O. Box NOT acceptable) FLORIDA 32835
The name and the Florida street address Daniel M. Gaugha: 6167 Westgate Dr Florida street Orlando, been named as registered agent and to	Name #604 address (P.O. Box NOT acceptable) FLORIDA 32835 City, State, and Zip accept service of process for the above stated limited liab
The name and the Florida street address. Daniel M. Gaugha: 6167 Westgate Dr Florida street Orlando, been named as registered agent and to my at the place designated in this certifit	Name #604 address (P.O. Box NOT acceptable) FLORIDA 32835
The name and the Florida street addr Daniel M. Gaugha 6167 Westgate Dr Florida street Orlando, been named as registered agent and to my at the place designated in this certifi act in this capacity. I further agree to implete performance of my duties, and i	Casa of the registered agent are: Name #604 address (P.O. Box NOT acceptable) FLORIDA 32835 City, State, and Zip accept service of process for the above stated limited liabicate, I hereby accept the appointment as registered agent

Page1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address:

'MGR" = Manager 'MGRM" = Managing Member	
MGRM Danie	M. Gaughan strate Dr. 74604 FL 32835
Use attachment if necessary)	
NOTE: An additional article must be added if an e	ffective date is requested.
REQUIRED SIGNATURE:	> DO STATE OF A Member.
Signature of a member or an authorized repres (In accordance with section 608.408(3), Florida S of this document constitutes an affirmation under	tatutes, the execution the penalties of periury
that the facts stated herein are true; Danie Gaughan Typed or priviled name of sign	

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)