

U050000011862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

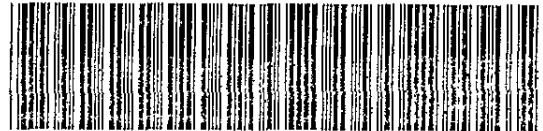
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/28

FLC

Office Use Only



100045427331

11.11

01/28/05--01027--009 **125.00

TALLAHASSEE
FLORIDA

05 JAN 28 PM 3:21

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIKKALA EGAN, 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:

SHAROLYN EGAN
(Name of Person)

NIKKALA EGAN, LLC
(Firm/Company)

P O Box 52603
(Address)

SARASOTA, FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

SHAROLYN EGAN at (941) 355 7740 X107 = TEMPORARY
(Name of Person) (Area Code & Daytime Telephone Number) PHONE ACCE
(941) 323 - 7999 CELL PHONE

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

NIKKALA EGAN LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

P O Box 52603
SARASOTA FL 34232

P O Box 52603
SARASOTA FL 34232

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

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

SHAROLYN EGAN
Name

c/o R. MANN 1311 E SECOND ST
Florida street address (P.O. Box **NOT** acceptable)

SANFORD FL 32771
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, F.S..

X Sharolyn Nikkala Egan
Registered Agent's Signature

(CONTINUED)

FILED
05 JAN 28 PM 3:21
STATE
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

SHAROLYN EGAN

P O BOX 52603

SARASOTA FL 34232

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X Sharolyn Nikkala Egan

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.)

SHAROLYN EGAN

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)