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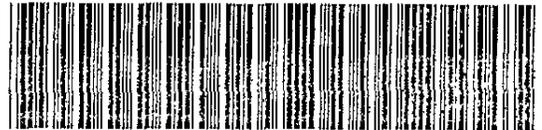
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FLORIDA

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**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 PHONE ACCE  
(Name of Person) (Area Code & Daytime Telephone Number)  
(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)

STATE OF FLORIDA  
TALLAHASSEE

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