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(Requestor's Name)		
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SECRETARY OF STATE

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FARRARCO (Name of Li	imited Liability Company)		
The enclosed Articles of Organization and fee(s)	are submitted for filing.		
Please return all correspondence concerning this a Regima ld H.	111		
	(Finn/Company)		
2611 13court	(Address)		
Palm Harbor FC 34684 (City/State and Zip Code)			
For further information concerning this matter, pl			
Reginald H. FARRAR	at (954) 655 407/ (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Dayume Telephone Number)		
Enclosed is a check for the following amount	r.		
S125.00 Filing Fee S130.00 Filing Fe Certificate of Status	Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)		
	NELVY VIVOLAD DIVINOR		

#### 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:

FARRARCO LLC			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2611 13 court Palm Harbor FL 34684	2611 13 court PALM HARbor FL 34684		
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:    Restricted H. Farran TTT     Name			
Registered Agent's  (CONTINE	UED)		

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

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

<u>l'ide:</u>	Name and Address:
'MGR" = Manager 'MGRM" = Managing Member	
MGRIVI — IVIZINZENIE IVIENIDEI	Reginald H. FARRAR III 2611 13 court Palm Hadar FL 34684
Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Result	Fam
Signature of a member of	an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution

that the facts stated herein are true.)

RECTALALD FORMATION

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

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)