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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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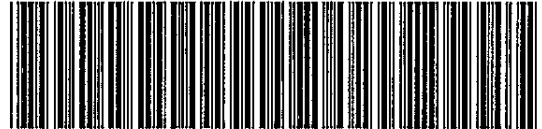
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers SEP 30 2005

September 22, 2005

To whom it may concern:

If there are any questions or comments, Please contact;

Jay Beggelman  
15 Wilmart Pl  
Palm Coast, FL 32164  
Phone: 386-445-6129

Sincerely,

A handwritten signature in cursive script that reads "Jay Beggelman".

Jay Beggelman

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FURLOW-PAL, L.L.C.  
(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:

Joseph Carello

(Name of Person)

FURLOW-PAL L.L.C

(Firm/Company)

101 N. Woodland Blvd.

(Address)

Deland, FL 32720

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Carello

(Name of Person)

at

( 386 ) 740-7777

(Area Code & Daytime Telephone Number)

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

05 SEP 26 AM 8:39  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FURLOW-PAL L.L.C

### ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

101 N.Woodland Blvd  
Deland, FL 32720

101 N.Woodland Blvd  
Deland, FL 32720

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

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

Joseph Carello

Name

101 N. Woodland Blvd

Florida street address (P.O. Box **NOT** acceptable)

Deland, FL 32720

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..*

  
Registered Agent's Signature

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(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**

**Joseph Carello**

**2429 Scottville Ave.**

**Deltona, FL 32725**

**MGRM**

**Jay Beggelman**

**15 Wilmart Place**

**Palm Coast, FL 32164**

**MEMBER**

**Linda Stone**

**113 Fenimore Lane**

**Palm Coast, FL 32137**

(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.)

**Jay Beggelman**

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)**

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