# L060000 11285

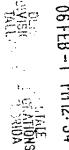
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
- (City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	•	

Office Use Only



700064469377

02/01/06--01049--004 \*\*130.00



RECEIVED

# **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	SREGG BU9 (Name of Limite	ala Artisy d Liability Company)	LRY LLC
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
Gr	egg Bugala	<i>a</i>	
	7 7	Name of Person)	<u></u>
Gr	regg Bugal	A Artista	<b>j</b>
7	03 Davi.	3 54. (Address)	
7	tentou,	M1. 48 /State and Zip Code)	430
	concerning this matter, please		
Rebecce	e Bugala	at (8/0) 62 (Area Code & Daytime Te	9 7737 Elephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns -

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Gregg Bugala Artistry LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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:
703 Davis Street	4658 Catalina Lane
Fenton, Mi 48430	Bonita Springs, FL 34134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4,

Plorida street address (P.O. Box NOT acceptable)

Weston, Ft 33331
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..

Regissered Agent's Signature (REQLIRED)
Methodo Tomosben, Assist. Secy of NRAT Services

(CONTINUED) Page 1 of 2 OG FEB - I PM 12: 38
SECRETARY OF STATE

Title:		Name and Address:	
"MGR" = M $"MGRM" =$	anager Managing Member	- A 1	
		Grego Bugala	
MGRE	<u>v/</u>	703 Davis S Fewfon, M	<del></del>
		48430	·
	<del></del>	et etc.	<del></del>
			····
		<del></del>	<del></del> _
ICLE V: Effect	nent if necessary)	e date of filing: Fc6 / 20	OPTION
ICLE V: Effect to effective date in 90 days after the	tive date, if other than the is listed, the date must be date of filing.)	e date of filing: Fc6 / 20 oe specific and cannot be more tha	OC (OPTION In five business d
ICLE V: Effect effective date i 90 days after th	tive date, if other than the	e date of filing: <u>Fc6 / 20</u> oe specific and cannot be more tha	OPTION (OPTION
ICLE V: Effect effective date i 90 days after th	tive date, if other than the is listed, the date must be date of filing.)	e date of filing: <u>Fe6</u> / 20 pe specific and cannot be more that	OPTION (OPTION
ICLE V: Effect effective date i 90 days after th	tive date, if other than the is listed, the date must be date of filing.)	pe specific and cannot be more that	n five business d
ICLE V: Effect effective date i 90 days after th	tive date, if other than the is listed, the date must be date of filing.)  SIGNATURE:  Signature of a memb	per specific and cannot be more that the specific and cannot be more that the specific authorized representative of a section 608.408(3), Florida Statutes, the extitutes an affirmation under the penalties of	member.
ICLE V: Effect to effective date in 90 days after the	signature of a memb  (In accordance with se of this document constitute that the facts stated)	er from authorized representative of a ection 608.408(3), Florida Statutes, the extitutes an affirmation under the penalties of herein are true,)	member.
TCLE V: Effect of effective date in 1900 days after the	signature of a memb  (In accordance with se of this document constitute that the facts stated)	per specific and cannot be more that the specific and cannot be more that the specific authorized representative of a section 608.408(3), Florida Statutes, the extitutes an affirmation under the penalties of	member. ecution of perjury
ICLE V: Effect effective date i 90 days after th	Signature of a memb  (In accordance with se of this document consthat the facts stated)  Ty	er from authorized representative of a ection 608.408(3), Florida Statutes, the extitutes an affirmation under the penalties of herein are true,)	member.

Page 2 of 2

PM 12: 39