

L06000027558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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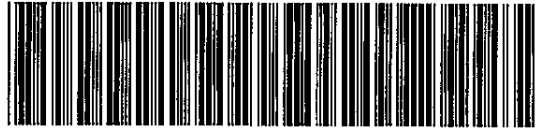
(Business Entity Name)

(Document Number)

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March 15, 2006

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

T.A.R. Associates, LLC

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

T.A.R. ASSOCIATES, LLC

(Must end w/ 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:

10801 Half Moon School Road, Apt. 104

SAME AS OFFICE ADDRESS

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:

CAROLANN RYAN

Name

10801 Half Moon School Rd., Apt. 104

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

Bonita Springs, FL 334134

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 property 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.*

*Carolann Ryan*

Registered Agent's Signature (REQUIRED)

**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:**

CAROLANN RYAN - MGRM

10801 Half Moon School Rd.,

Apt. 104

Bonita Springs, FL 34134

DOUGLAS G. RYAN - MGRM

10801 Half Moon School Rd.,

Apt. 104

Bonita Springs, FL 34134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of  
filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business  
days prior to or 90 days after the date of filing)

**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.)

DOUGLAS RYAN  
Typed or printed name of signer