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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	callag!	ben LLC	
	(Name of Isimite	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspond	ondence concerning this matte	er to the following:	
· · · · · · · · · · · · · · · · · · ·	- C. Call	laghan	,
<del> </del>	(	Name of Person)	11/1/19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
En	c Callagha	N LC	·
	(	Firm/Company)	<u> </u>
8	09 Buen	a Ussta	AUR APT C
	,	(Address)	6 704 4- <b>116</b> 2 1 1
Talle	chassee P	Parse 32	333
	(City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
Liam C		A5 /2	0/000
	of Person)	at ( Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Address 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 Liebility Company is:	
The name of the Limited Liability Company is:	
Ersc Callaghan	( (( )
(Must end with the words "Limited Liability Company, "Limite	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7 allahaske Fl 32333	809 Rucha Usstance
Tallahaske Fl 32333	Tallahasse Fl
	32337
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Eric C Name	- alle ahead
Name	- 1 - 3-107
809 Rules	vista sue
Florida street add	ress (P.O. Box NOT acceptable)
Tallahussee City, State, a	FL 32333
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all romance of my duties, and I am familiar with and
accept the obligations of my position or regis	tered agent as provided for in Chapter 608, F.S
6/4/	
Registered Agent's Signatu	
	MAY AHAM
(OANTEN	SSE 19
(CONTINI Page 1 of 2	
8	CO _

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mo	Name and Address:
MARM	Esic Collagion  Ros Brene Vya Lul  Tallohasse Fl 32353
<u></u>	-
	=lnalna-
CLE V: Effective date, if of fective date is listed, the conditions after the date of fili	ther than the date of filing: 5109106 (OPTION date must be specific and cannot be more than five business of ing.)
CLE V: Effective date, if of frective date is listed, the conditions after the date of filing the conditions after the con	ther than the date of filing: 5109106 (OPTION date must be specific and cannot be more than five business of ing.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Filing Fees:

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)