## Florida Department of State

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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124

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## Oregaughn LLC

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H06000279753 3

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

**OREGAUGHN LLC** 

ARTICLE II: Address

The street address of the principal office of the Limited Liability Company Is:

3939 FORSYTH RD

**WINTER PARK FLORIDA 32792** 

And the mailing address is:

PO BOX 4779 WINTER PARK FLORIDA 32793

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED

AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY, FLORIDA 32351

Having been named as registered agent 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.

Signature, Registered Agent

H06000279753 3

#### H06000279753 3

PAGE 2

**OREGAUGHN LLC** 

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

### **MANAGING MEMBER:**

PETER GAUGHN PO BOX 4779

**WINTER PARK FLORIDA 32793** 

### MANAGING MEMBER:

KRISTA GAUGHN
PO BOX 4779
WINTER PARK FLORIDA 32793

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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.)

PETER GAUGHN