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DIVISION OF CORPORATIONS

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Nancy E. Ingalls CPA LLC
(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:
Nancy E. Ingalls
(Name of Person)
Nancy E. Ingalls CPA LLC  (Firm/Company)
(Firm/Company)
4211 NW 26 Court
(Address)
Boca Raton, FL 33434
(City/State and Zip Code)
For further information concerning this matter, please call:
Nancy E. Ingalis <sub>st.</sub> 561 , 289-9096
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee S \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		O PLOS
The name of the Limited Liability Company is	:	OT AUG - 1 PM 2: 26
		S ST
Nancy E. Ingalls CPA LLC		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	<b>3</b>
ARTICLE II - Address:		ا جا
The mailing address and street address of the p	principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
551 N.W. 77th Street	4211 NW 26 Court	
Suite 206	Boca Raton, FL 33434	
Boca Raton, FL 33487		
The name and the Florida street address of the  Nancy E. Ingalls  Name	55	FEGTIVE DATE
4211 NW 26 Court	·	38/01/11
Florida street ad	idress (P.O. Box <u>NOT</u> acceptable)	
Boca Raton, FL 33	1434	
City, State,	and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept the appo ity. I further agree to comply with the pro performance of my duties, and I am famili	intment as ovisions of all iar with and
Mony E. Q Registered Agent's Signs	hyw ature (REOUIRED)	
	` ` `	

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Mgrm.	Nancy E. Ingalis
	4211 NW 26 Court
	Boca Raton, FL 33434
	P# 2: 26
(Use attachment if necessary)	date of filing: August 1, 2007 (OPTIONAL)
effective date is listed, the date must be	e specific and cannot be more than five business days prio
effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:	

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)

Typed or printed name of signee