

108000015706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

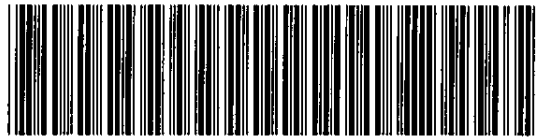
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

M. Thomas FEB 13 2008

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAGALT, LLC

TAGALT, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Darryl J. Tompkins, P.A.

Law Offices of Darryl J. Tompkins

14420 NW 151<sup>st</sup> Boulevard  
Post Office Box 519

Alachua, Florida 32616

For further information concerning this matter, please call:  
Darryl J. Tompkins, P.A., 386-418-1000

Enclosed is a check for the following amount:  
\$155.00 Filing Fee  
Certified Copy  
(Additional copy is enclosed)  
\$5.00 Certificate of Status

STREET ADDRESS: MAILING ADDRESS:  
Registration Section  
Division of Corporations  
2661 Executive Center Circle/Clifton Building  
Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAGALT, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14024 N.W. US 441  
Alachua, FL. 32615

Mailing Address:

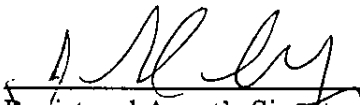
P.O. Box 1857  
Alachua, FL. 32616

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

J. Ardene Wiggins  
14024 N.W. US 441  
Alachua, FL. 32615

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..

  
\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

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

"MGR" = Manager

"MGRM" = Managing Member

MGRM

J. Ardene Wiggins  
P.O. Box 1857  
Alachua, FL. 32616

MGRM

Amanda Wiggins  
P.O. Box 1857  
Alachua, FL. 32616

MGRM

Heather Fields  
P.O. Box 1857  
Alachua, FL. 32616

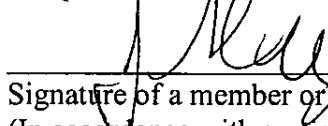
MGRM

Eric Fields  
P.O. Box 1857  
Alachua, FL. 32616

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

J. Ardene Wiggins

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA