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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Tartan Capital, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help MAR 2 7 2008



# TIE

### ARTICLES OF ORGANIZATION

**OF** 

### TARTAN CAPITAL, LLC

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "Company") under the Florida Limited Liability Company Act (the "Act"), as follows:

### NAME

The name of the Company is: Tartan Capital, LLC.

### MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Come/o Douglas A. McGregor, 200 Locha Drive, Jupiter, FL 33458-7733.

### NAMES AND ADDRESSES OF MANAGERS

The names and addresses of the Managers of the Company are Douglas A. McGregor and Karen McGregor, 200 Locha Drive, Jupiter, FL 33458-7733.

### EXISTENCE

The date when the Company's existence will commence is March 2008 in accordance with Section 608.409(1) of the Act.

### INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the Company are: c/o CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

<u>Marianne Schmitt Hellauer,</u> Authorized Representative 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 husiness entity with an active Florida registration.)

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

CT Corperation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33224
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 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..

Carie Buy

CONRIE BRYAN

Registered Agent's Signature (REQUIRED)

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Page I of 2

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SECRETARY OF STATE
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