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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Reg and Co. 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:
Regina Broselle (Name of Person)
Regand Co., LLC
1179 Broad Ave N
Naples F2 34102 (City/State and Zip Code)
For further information concerning this matter, please call:
Regina Broselle at 239 692-8304 (Area Code & Daytime Telephone Number)
Englosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 155.00 Filing Fee & \text{Certified Copy}\$\$ Certificate of Status & \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)
Mailing Address  Registration Section  Registration Section  Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:** 

The name of the Limited Liability Company is:	
Reg and Co. LC  (blust end with the words "Limited Liability Company, "L.)	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address: Mailing Ad	ldress:
1179 Broad Ave N 1179 Naples, FL 34102 Napl	Broad Ave N es, FL 34102
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registered Agent. You is business entity with an active Florida registration.)  The name and the Florida street address of the registered agent  Name  Florida street address (P.O. Box J.  City, State, and Zip	nust designate an individual or another  that are:  PH  33
Having been named as registered agent and to accept service liability company at the place designated in this certificate, registered agent and agree to act in this capacity. I further ag statutes relating to the proper and somplete performance of accept the obligations of my position as registered agent as	I hereby accept the appointment as ree to comply with the provisions of all my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
"MGR"	Reging Broselles
	1179 Broad Ave N
	Naples FL 34102
	, 1

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 <u>facts</u> stated herein are true.)

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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 (Optional)