## L08000108313

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



600138103736

11/20/08--01010--010 \*\*130.00

DIVISION OF CORPORATIONS

08 NOV 20 PM 2: 10

J. BRYAN

NOV 2 1 2008

**EXAMINER** 

## **COVER LETTER**

Division of C				
SUBJECT: Regna	ant Holdings, LLC			
	(Name of Limit	ed Liability Comp	pany)	
The enclosed Articles	of Organization and fee(s) are	submitted for filir	ıg.	
Please return all corres	pondence concerning this mat	ter to the followin	g:	
Jason S.	Usow			1.
		(Name of Person)		Ø
Regnant	Holdings, LLC			02 NON 80
<u> </u>		(Firm/Company)		
6203 Wat	termark Drive, Suit	e 104		PA ?
<del></del> -		(Address)		
Riverview	ı, FL 33578			Č
<del> </del>	(Ci	ty/State and Zip Coc	le)	
For further information	n concerning this matter, pleas	e call:		
Jason S. Usov	<b>N</b>	at ( 310	420-595 de & Daytime Tele	9
(Nam	e of Person)	(Area Co	de & Daytime Tele	ephone Number)
Enclosed is a check f	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co)		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section of Corporations Building secutive Center C	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	Liability Company, "L.L.C.," or "LLC.")
Bognant Holdings LLC	
Regnant Holdings, LLC	Liability Company, "L.L.C.," or "LLC.")
(Must one Will the World's Ellimed )	Similarly company, distinct, or filed by
ARTICLE II - Address:	# N
The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9260 Bay Plaza Blvd.	9260 Bay Plaza Blvd.
Suite 501	Suite 501
Tampa, Florida 33619	Tampa, Florida 33619
The name and the Florida street address of to <u>Jason S. Usow</u> N	ame
9260 Bay Plaza E	
	et address (P.O. Box <u>NOT</u> acceptable)
Tampa, Florida 33	3619 <sub>FL</sub>
City, St	ate, and Zip
Having been named as registered agent and	l to accept service of process for the above stated limited I in this <u>certificate</u> , I hereby accept the appointment as

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Jason S. Usow ("MGR")	9260 Bay Plaza Blvd., Suite 501 Tampa, Florida 33619
	Tampa, Florida 33619
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	ber or an authorized representative of a member.
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of periury
Jason S. Us	,

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)