# 110000109389

(Requestor's Name)		
(Address)		
(Add	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL .
(Bu:	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600186733886

10/19/10--01039--001 \*\*155.00

PILED
2010 OCT 19 PM 1:42
GEGRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 20 2010



October 18, 2010

Division of Corporations 409 East Gaines Street Tallahassee, FL 32301

RE: Loughran Loss Control Services, LLC

2010 OCT 19 PM 1: 42

Dear Sir/Madam:

Enclosed are the original and two copies of the Articles of Organization for the above-named proposed Florida Limited Liability Company. Also enclosed is a check in the amount of \$155.00, representing payment of the following:

Filing fee Certified copy fee \$125.00 \$30.00

Please file the enclosed Articles of Organization and return a certified copy to the undersigned. You will note that the Registered Agent is named in the Articles of Organization. Thank you for your courtesies in this matter.

Mary M. Earnest

ENCL.

Z \Molly\word documents\daily 2010\October\Silvia\Loughran Loss Control-L doc

## Articles of Organization for Loughran Loss Control Services, LLC

ARTICLE I. NAME.

The name of the limited liability company is Loughran Loss Control Services, LLC.

### ARTICLE II. NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this limited liability company is to engage in any and all business permitted under the laws of the State of Florida.

#### ARTICLE III. MAILING ADDRESS.

The address of the principal office of the limited liability company is 7410 SW 16th Street, Plantation, FL 33317and the mailing address of the limited liability company is 7410 SW 16th Street, Plantation, FL 33317.

#### ARTICLE IV. REGISTERED AGENT AND INITIAL REGISTERED OFFICE.

The Registered Agent and the street address of the initial Registered Office of this limited liability company in the State of Florida shall be:

Paul Loughran, 7410 SW 16th Street, Plantation, FL 33317

#### ARTICLE V. MANAGERS AND MANAGING MEMBERS

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

Paul Loughran, Managing Member, 7410 SW 16th Street, Plantation, FL 33317

Signature of a member of an authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes as affirmation under the penalties of

perjury that the facts stated herein are true.

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 statues 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 Signatur

\\Server\Molly\word documents\daily 2010\September\Molly\loughran-art doc

SECRETARY OF STATE