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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: Fogerty Federated 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:
Joseph P. Fogerty
Name of Person
Fogerty Federated LLC
Firm/Company
682 Silk Oak Dr
Address
Venice FI. 34293
City/State and Zip Code
FogertyFed@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph P Fogerty at (941 ) 375 2441
Name of Person at (941 ) 375 2441  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$155.00 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  Street/Courier Address 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:	:
Fogerty Federated LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of the pe	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
682 Silk Oak Dr	682 Silk Oak Dr
Venice FI 34293	Venice FI 34293
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Joseph P Fogerty	
Name	- <b>7</b> 95
682 Silk Oak Dr	CORP P
Florida street ad	dress (P.O. Box NOT acceptable)

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..

FL 34293 City, State, and Zip

(CONTINUED)

Venice

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:

"MGR" = Manager "MGRM" = Manager		Name and Address:
MGRM		Joseph P Fogerty
	-	682 Silk Oak Dr
		Venice FI 34293
***************************************	<del>-</del>	
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(Use attachment if	te, if other than the	date of filing: (OPTIONAL
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CLE V: Effective date is listed days after the date of the days after the days	te, if other than the d, the date must be e of filing.)  NATURE:  Jance with section 608 an affirmation under that any false inform	r or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.)

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)