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SECKETARY OF STATE
FALLAHASSEE, FLORIDA

K. SALY EXAMINER

SEP - 4 2013

(850) 245-6051.

## **COVER LETTER**

TO: Registration Division of C	i Section Corporations		
SUBJECT:	Carrigan /a	eh+5 ZZC led Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
1	Ryan Carria	Name of Person	
	aurigan Yach	Firm/Company	
22	60 Bougainvill	ea Street Address	
Sai	rasota, FL.	34239 cy/State and Zip Code	-
	ryancarria	for future annual report notification)	
For further information	n concerning this matter, please	•	
Ryan C	arrigan ne of Person	at ( <u>30 S</u> ) <u>30 S</u> Area Code & Daytime Tele	- 2444 phone Number
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	S\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	ı

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Carrigan	Jach+5 LL C Limited Liability Company, "L.L.C.," or "LEC.")		
(Must end with the words/	Limited Liability Company, "L.L.C.," or "LEC.")		
ARTICLE II - Address:			
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:		
Dringing Office Address	Mailing Address		

**ARTICLE 1 - Name:** 

2260 Bougainvillea Street Sarasota, FL 34239	2260 Bougainvillen Street Savasota, FL 34239
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registo business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
Ryan Carria Name	P-3 PR
Sususota	ress (P.O. Box NOT acceptable)  FL 34239  ate, 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..

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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Morem Managing Member	
<del> </del>	
(Use attachment if necessary)	
	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business day g.)
REQUIRED SIGNATURE:	
Signature of a mo	ember or an authorized representative of a member.
(In accordance with section constitutes an affirmation of a maware that any false i	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
Ryan	Typed or printed name of signee
(	Typed or printed name of signce
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)