

L1300014777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200252728482

10/18/13--01003--017 **125.00

2013 OCT 18 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 21 2013

EXAMINER

TIMOTHY G. HAYES AND ASSOCIATES, P.A.
Attorneys at Law

Lakeview Professional Center
21859 State Road 54, Suite 200
Lutz, Florida 33549

TIMOTHY G. HAYES
Telephone (813) 949-6525 • Fax (813) 949-6433
e-mail: tghayes@mindspring.com

October 15, 2013

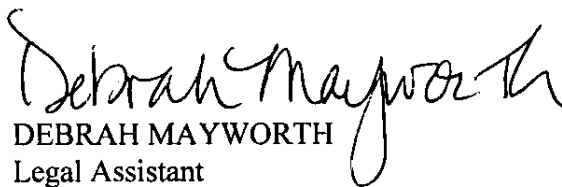
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: FARGAN, LLC

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Organization for the above limited liability company, along with a check in the amount \$125.00 for the filing fee and Designation of Registered Agent.

Sincerely yours,



DEBRAH MAYWORTH
Legal Assistant
HAYES & ASSOCIATES, P.A.
21859 State Road 54, Suite 200
Lutz, Florida 33549
(813) 949-6525

/dm
Encls.

OCT 18 PM 12:09
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

FARGAN, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the Limited Liability Company is: FARGAN, LLC

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3766 East Lake Drive
Land O'Lakes, FL 34639

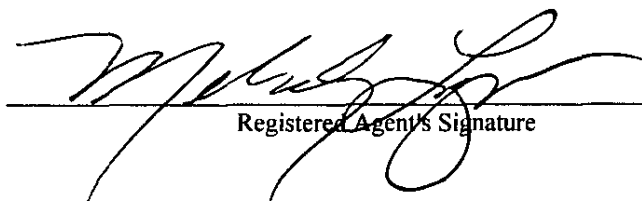
ARTICLE III -- REGISTERED OFFICE AND AGENT

The name and street address of the registered agent are:

MELODY L. LOGAN
3766 East Lake Drive
Land O'Lakes, FL 34639

2013 OCT 18 PM 12:09
TALLAHASSEE FLORIDA

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 of registered agent as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

ARTICLE IV -- MANAGEMENT

(Check Box If Applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and address of each Member or Managing Member is as follows:

Title:

"MGR" = Manager


"MGRM" = Managing Member

Name and Address:

MGRM

MELODY L. LOGAN
3766 East Lake Drive
Land O'Lakes, FL 34639

MGR



Signature of a member or an authorized representative of a member
MELODY L. LOGAN

Dated this 10th day of October, 2013

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fees:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

2013 OCT 18 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA