4500029657

(Re	equestor's Name)	
(Ac	ldress)	
		.
(Ac	ldress)	
(
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.	ninna Cutik i Nina	
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	<u> </u>	
Special Instructions to	Filing Officer:	
· · · · · · · · · · · · · · · · · · ·		

Office Use Only



600269222986

02/10/15--01025--011 **160.00

SECURIARY OF SIARS
STORES AND STATE
STORES AND STORES
STORES AND STORES
ST

FEB 1 8 2015 S. YOUNG

COVER LETTER

Division of C	Corporations		
SUBJECT:EG	NATS, LLC		
SCHOLET	Name of Lir	nited Liability Company	7 P
			三语 田
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	ا المسلم الم المسلم المسلم
			三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
Richard S	Stange		- <u>93</u> # 5
		Name of Person	3.00
		Firm/Company	
<u>11556 M</u>	ahogany Run	4.11	
		Address	
F4 44	EL 22042		
rt. Myers	, FL 33913	City/State and Zip Code	
rjrvending@gma	ail com		
iji venang<u>a</u>gm	E-mail address: (to be use	d for future annual report notifica	ation)
For further informatio	n concerning this matter, plea	ase call:	
John Stange		512) <u>739-4578</u>	
Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□ \$160.00 Filing Fee.
<u>.</u>	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Egnats, LLC		
(Must end with the word	s "Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:		
The mailing address and street address of the p	orincipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
11556 Mahogany Run	11556 Mahogany Run	
Ft. Myers, FL 33913	Et Muoro El 22012	
	ed Office, & Registered Agent's Signatur	
(The Limited Liability Company cannot serve	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must des	
(The Limited Liability Company cannot serve another business entity with an active Florida	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must desi registration.)	ignate an individual or
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must desi registration.)	ignate an individual of
(The Limited Liability Company cannot serve another business entity with an active Florida	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must desi registration.)	ignate an individual of
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Richard Stange	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must desiregistration.) registered agent are:	ignate an individual of
(The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Richard Stange 11556 Mahigany Ru	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must desiregistration.) registered agent are:	ignate an individual of STAN STAN STAN STAN
11556 Mahigany Ru	ed Office, & Registered Agent's Signatur as its own Registered Agent. You must desiregistration.) registered agent are: Name	ignate an individual of

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Richard Stange
	11556 Mahogany Run
	Ft. Myers, FL 33913
MGR	John Stange
	122 Flamingo Island Drive
	Missouri City, TX 77459
	12 mil
	52.43
	11100
	ا مسلم با مسلم المسلم
	المست أنسيًا المستوات
	The state of the s
ctive date is listed, the date must be sp	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date	
E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.)	
E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	
E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 25.0203 (1) (b), Rorida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the Department of State my as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 25.0203 (1) (b), Riorida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. 25.0203 (1) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c