## L15000094643

(Requestor's Name)
(Address)
,
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

Division of Corporations
SUBJECT J fagan Associates 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:
Jenneice Fagan Name of Person
J Fagan Associates Luc Firm/Company
3VF RVI) COST
Address
Octardo / FL / 32817 City/State and Zip Code
VFagan Associates Prom () amail.com E-mail address: (to be used for future authual report notification)
For further information concerning this matter, please call:
Name of Person at (247) 448 0159  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\bigcup \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLE I - Name: The name of the Limited Liability Company is: The name of the Limited Liability Company is: The name of the Limited Liability Company is: ARTICLE II - Address:

Principal Office Address:

SIOS BYU COVET

OCIGIODO FIU 38817

Mailing Address:

STOS BYU COVET

OCIGIODO FIU 38817

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Slos ByU Coust

Florida street address (P.O. Box NOT acceptable)

City Slop

City 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title:	Name and Address:
	"AMBR" = Authorized Member	
) _	"MGR" = Manager Saneice Facus	broine Erron
) - -	Scherce racgiri	3102 BNO COXX
		chando fu 32817
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