

L16000034448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

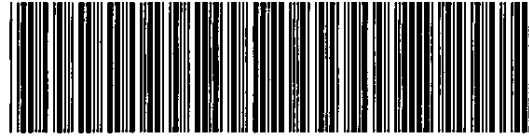
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CLERK OF STATE
TALLAHASSEE, FLORIDA

2/19/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: John Fagaragan
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:

John Fagaragan
Name of Person

John Fagaragan
Firm/Company

6104 Sabal Hammock Circle
Address

Port Orange, Florida 321128
City/State and Zip Code

johnfagaragan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Fagaragan at (386) 871-5794
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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16 FEB 16 PM 3:15
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 FEB 16 PM 4:51

February 2, 2016

JOHN FAGARAGAN
6104 SABAL HAMMOCK CIRCLE
PORT ORANGE, FL 32128

SUBJECT: JOHN FAGARAGAN
Ref. Number: W16000007347

We have received your document for JOHN FAGARAGAN and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 016A00002240

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16 FEB 16 PM 3:15
CLARETHA GOLDEN
REGULATORY SPECIALIST II
NEW FILING SECTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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16 FEB 16 PM 3:15

John Fagaragan

"LLC."

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

6104 Sabal Hammock Circle

Port Orange, FL 32128

Mailing Address:

6104 Sabal Hammock Circle

Port Orange, Florida 32128

*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:

JOHN FAGARAGAN
Name

6104 SABAL HAMMOCK CIR
Florida street address (P.O. Box NOT acceptable)

PORT ORANGE FL 32128
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.

John Fagaragan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

John Fagaragan

6104 Sabal Hammock Circle

Port Orange, Florida 32128

(Use attachment if necessary)

***ARTICLE V:** Effective date, if other than the date of filing: 1/15/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOHN L FAGARAGAN

Typed or printed name of signee

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)

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16 FEB 16 PM 3:15
STATE OF FLORIDA
DEPARTMENT OF STATE