

L18000059203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

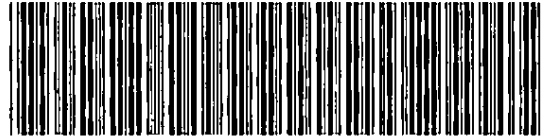
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR -5 PM 3:03
MAR 5 2018
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N CULLIGAN

MAR 9 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TITAN RECOVERY 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:

PATRICK CARGEN

Name of Person

TITAN RECOVERY LLC

Firm/Company

335 E LINTON BLVD, #2252

Address

DELRAY BEACH, FLORIDA, 33483

City/State and Zip Code

DEVILDOG155@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK CARGEN 772 324-1934

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 ☐ \$160.00 Filing Fee.
(additional copy is enclosed) Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PATRICK CARGEN
335 E LINTON BLVD
SUITE #2252
DELRAY BEACH, FLORIDA, 33483

February 12, 2018

NEW FILING SECTION
DIVISIONS OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FLORIDA, 32301

To Whom It May Concern,

My name is Patrick Cargen, and I am the Registered Agent regarding "Titan Recovery LLC", Document #L16000048444.

I would like to release the "admin dissolution for annual report" on Document #L16000048444 regarding "Titan Recovery LLC" and release the rights to the Name.

In addition, I have prepared and signed a copy of the Articles of Incorporation and enclosed a payment for the application fee in order to submit an original application to register the same name "Titan Recovery LLC".

Please do not hesitate to contact me, Patrick Cargen, (772) 324-1934 with any questions or comments.

Thank you in advance for your attention.

Sincerely,

Patrick Cargen 2/12/18
Patrick Cargen

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TITAN RECOVERY LLC

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

ARTICLE II - Address:

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

Principal Office Address:

335 E LINTON BLVD, #2252
DELRAY BEACH, FLORIDA, 33483

Mailing Address:

335 E LINTON BLVD, #2252
DELRAY BEACH, FLORIDA, 33483

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:

PATRICK CARGEN

Name

335 E LINTON BLVD

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

DELRAY BEACH FL 33483

City

State

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..

Patrick Cargen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 MAR -5 PM 3:04
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBER

Name and Address:

PATRICK CARGEN

335 E LINTON BLVD, #33483

DELRAY BEACH, FLORIDA, 33483

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Patrick Cargen

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

PATRICK CARGEN

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)

18 MAR -5 PM 3:04

FILED