## L18000080291

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500311039505

03/28/18--01005--011 \*\*160.00

FILED
18 HAR 28 PH 12: 33
SECRETARY OF STATE
SECRETARY OF STATE

N CULLIGANI APR 2 2018

## **COVER LETTER**

	New Filing Section Division of Corporations
SUBJEC"	Aegle Group, LLC
BOBBEC	Name of Limited Liability Company
The enclose	sed Articles of Organization and fee(s) are submitted for filing.
Please rett	urn all correspondence concerning this matter to the following:
	Michael MacLaren
	Name of Person
	Firm/Company
	1615 Florida Avenue
	Address
	Panama City Florida 32405-4636
	City/State and Zip Code michaelmaclaren1@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Michael MacLaren 850 832-7117 at (
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 F	Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Aegle Group, I	LLC					
The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:   Mailing Address:	(Mus	st contain the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")			
Principal Office Address:    1615 Florida Avenue							
1615 Florida Avenue   Panama City, Florida 32405-4636   Panama City, Fl. 32405-4636   Panama City, Fl. 32405-4636	The mailing address and si	treet address of the principal off	ice of the Limited	Liability Company is:			
Panama City, Florida 32405-4636 USA  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:  Michael MacLaren  Name  1615 Florida Avenue  Florida street address (P.O. Box NOT acceptable)	<u>P</u> :	rincipal Office Address:		Mailing Address:			
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:    Michael MacLaren   Name   Name	1615 Florida A	venue		Florida Avenue			
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:    Michael MacLaren   Name   Name		Florida 32405-4636	Pana	ma City, FL 32405-4636			
(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:  Michael MacLaren  Name  1615 Florida Avenue  Florida street address (P.O. Box NOT acceptable)	<u> </u>						
(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:  Michael MacLaren  Name  1615 Florida Avenue  Florida street address (P.O. Box NOT acceptable)							
The name and the Florida street address of the registered agent are:  Michael MacLaren  Name  1615 Florida Avenue  Florida street address (P.O. Box NOT acceptable)	ARTICLE III - Register	ed Agent, Registered Office, &	Registered Ager	it's Signature:			
Name  1615 Florida Avenue  Florida street address (P.O. Box NOT acceptable)	(The Limited Liability Cor	mpany cannot serve as its own R	Registered Agent. \	t's Signature: r'ou must designate an individual or	·4		
Name  1615 Florida Avenue  Florida street address (P.O. Box NOT acceptable)	(The Limited Liability Cor	mpany cannot serve as its own R	Registered Agent. \	it's Signature: 'ou must designate an individual or	IACI IBS		
Name  1615 Florida Avenue  Florida street address (P.O. Box NOT acceptable)	(The Limited Liability Cor another business entity wi	mpany cannot serve as its own R th an active Florida registration	Registered Agent. ` .)	nt's Signature: r'ou must designate an individual or	SECRE		11
1615 Florida Avenue  Florida street address (P.O. Box NOT acceptable)	(The Limited Liability Cor another business entity wi	mpany cannot serve as its own R th an active Florida registration street address of the registered a	Registered Agent. ` .)	rt's Signature: r'ou must designate an individual or	SECRE		7 = 7
	(The Limited Liability Cor another business entity wi	mpany cannot serve as its own R th an active Florida registration street address of the registered a  Michael MacLaren	Registered Agent. \ .) agent are:	nt's Signature: L'ou must designate an individual or	SECRE	<b>MAR 28</b>	FIL
	(The Limited Liability Cor another business entity wi	mpany cannot serve as its own R th an active Florida registration street address of the registered a  Michael MacLaren	Registered Agent. \ .) agent are:	it's Signature: r'ou must designate an individual or	SECRE	<b>MAR 28</b>	FILE
	(The Limited Liability Cor another business entity wi	mpany cannot serve as its own R th an active Florida registration street address of the registered a <u>Michael MacLaren</u>	Registered Agent. \ .) agent are:	it's Signature: r'ou must designate an individual or	SECRE	<b>MAR 28</b>	FILED
Danama City El (2015-1616)	(The Limited Liability Cor another business entity wi	mpany cannot serve as its own R th an active Florida registration street address of the registered a  Michael MacLaren  1615 Florida Avenue	Registered Agent. \ .)  agent are:  Name	r'ou must designate an individual or	SECRE	<b>MAR 28</b>	FILED
City State Zip	(The Limited Liability Cor another business entity wi	mpany cannot serve as its own R th an active Florida registration street address of the registered a  Michael MacLaren  1615 Florida Avenue	Registered Agent. \ .)  agent are:  Name	r'ou must designate an individual or	SECRE		FILED

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..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Michael MacLaren
an effective date is listed, the date must be speadate of filing.)	of filing: March 25, 2018 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
TICLE V: Effective date, if other than the date an effective date is listed, the date must be specified of filing.)  ote: If the date inserted in this block does not recovered.	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date an effective date is listed, the date must be sp date of filing.)  te: If the date inserted in this block does not a document's effective date on the Department	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date an effective date is listed, the date must be sp date of filing.)  te: If the date inserted in this block does not r document's effective date on the Department  TICLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, if other than the date in effective date is listed, the date must be sp date of filing.)  te: If the date inserted in this block does not a document's effective date on the Department	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date on effective date is listed, the date must be specified of filing.)  te: If the date inserted in this block does not redocument's effective date on the Department TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is executed an aware that any false.	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Sertiues. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
CTICLE V: Effective date, if other than the date an effective date is listed, the date must be specific date of filing.)  ote: If the date inserted in this block does not redocument's effective date on the Department efficiency.  CTICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a metal triple of a metal document is executed any false.	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b). Florida Statutes.  c information submitted in a document to the Department of the section of section in s.817.155, F.S.
REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Sertiues. e information submitted in a document to the Department of Sertiues. e felony as provided for in s.817.155, F.S.
CTICLE V: Effective date, if other than the date an effective date is listed, the date must be specific date of filing.)  ote: If the date inserted in this block does not redocument's effective date on the Department efficiency.  CTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mean of this document is executed a mean of the degree of the date of the date of the date may false constitutes a third degree of the date of the	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b). Florida Statutes.  c information submitted in a document to the Department of the section of section in s.817.155, F.S.

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

ARTICLE IV-