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COVER LETTER

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TO:-	New Filing Section
	Division of Corporations

SUBJECT:

LARRANN ENTERPRISES, L.L.C.

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:

LARRY F. FRACZAK

Name of Person

LARRANN ENTERPRISES, L.L.C.

Firm/Company

1532 U.S. HIGHWAY 41 BYPASS SOUTH

Address

VENICE FLORIDA 34293

City/State and Zip Code

LFRACZAK@COMCAST.NET

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

For further information concerning this matter, please call:

LARRY F. FRACZAK	3216938819	9414971157
	at ()	· · · · · · · · · · · · · · · · · · ·
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

> <u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LARRANN ENTERPRISES, L.L.C.

(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:	Mailing Address:
1532 U.S HIGHWAY 41 BYPASS SOUTH	1532 U.S. HIGHWAY 41 BYPASS SOUTH
VENICE, FLORIDA 34293	VENICE, FLORIDA 34293

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company) another business entity with an a			You must designate an in		AH 61	
The name and the Florida street a	ddress of the registered	d agent are:		WAS SA	R - 8	
	LARRY F. FRACZAK			SEE	1	m
		Name		<u>ب</u> ني دي. د س ر د	AH	-
	1532 U.S. HIGHWAY 4	1 BYPASS SOUTH		on of the second s	ېې O	
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)	ORIDA	ភ	
	VENICE	FL	34293			
	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.,

Registere Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

•••

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	LARRY F. FRACZAK	
	8290 ROSEBURN COURT	
	SARASOTA FL 34240	
AMBR	ANNETTE M. FRACZAK	T
	8290 ROSEBURN COURT	
	SARASOTA, FL 34240	AR AR
		71 70
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	— <u>—</u> ——————————————————————————————————	 ,

(Use attachment if necessary)

<u>Note:</u> 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,

REOU	IRED SIGNATURE: Provention
	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.
	LARRY F. FRACZAK
	Typed or printed name of signee

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)