

LOS000011915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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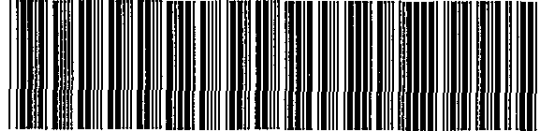
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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REGISTRATIONS  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MCCRELESS RENOVATIONS 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:

MICHAEL KEVIN MCCRELESS  
(Name of Person)

MCCRELESS RENOVATIONS  
(Firm/Company)

8046 COASTAL HWY.  
(Address)

CRAWFORDVILLE, FL. 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL KEVIN MCCRELESS at ( 850 ) 519-3237  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McCRELESS RENOVATIONS 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:

8046 COASTAL HWY.  
CRAWFORDVILLE, FL.  
32327

8046 COASTAL HWY  
CRAWFORDVILLE, FL.  
32327

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

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

MICHAEL KEVIN McCRELESS  
Name

8046 COASTAL HWY.  
Florida street address (P.O. Box NOT acceptable)

CRAWFORDVILLE, FL. 32327  
City, State, and Zip

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*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 608, F.S..*

Michael Kevin McCreless  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGRM"

MICHAEL KEVIN M<sup>C</sup>CRELESS  
8046 COASTAL HWY.  
CRAWFORDVILLE, FL 32327

"MGRM"

JOSEPH HERMAN HAYNES  
8686 FLICKER RD  
TALLAHASSEE FL 32305

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Michael Kevin M<sup>C</sup>Creless

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL KEVIN M<sup>C</sup>CRELESS

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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