

LOS000015053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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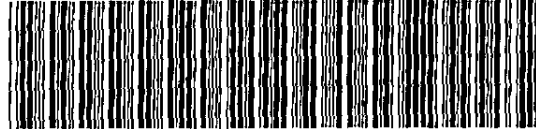
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MCS-JR LLC
P.O. Box 730184
Ormond Beach, Fla., 32173-0184
February 4, 2005

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fla., 32314

Enclosed please find the Articles of Organization for Florida Limited Liability Company and a money order filing fee payment of \$125.00. This is for MCS-JR LLC, which we show to be an available name and not in use.
My daytime telephone number is 386-677-2555.

Sincerely,

Zella W. Wilen
Zella W. Wilen

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MCS-JR LLC

ARTICLE II - Address:

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

Principal Office Address:

5145 South Orange Ave.
Orlando, FL 32809-3019

Mailing Address:

P.O. Box 730184
Ormond Beach, FL 32173-0184

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

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

Zella W. Wilen
Zella W. Wilen Name
48 Oakmont Circle
Florida street address (P.O. Box **NOT** acceptable)
Ormond Beach FL 32174
City, State, and 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 608, F.S.

Zella W. Wilen
Registered Agent's Signature

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FLORIDA
SECRETARY OF STATE

(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:

MGR

Zella W. Wilen
48 Oakmont Circle
Ormond Beach, FL 32174

MGRM

Randall C. Wilen
913 Pershing Avenue
Orlando, FL 32806

MGRM

Jeffrey A. Wilen
48 Oakmont Circle
Ormond Beach, FL 32174

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Zella W. Wilen
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.)

Zella W. Wilen
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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