10000 10 6TA Florida Dept of State Regestration Section Division of Corpora tions 409 E. Gaens St. 1 allahansee, Fl. 32399 Dear Son, Enclosed es a completed form out a check for 755 for reges treation of a Florida Limited Leabelety Compose My resident address is MICHAEL F. MC NELLS 608 CRESTWOOD RD HOLMES BEACH FL, 32417 You can presulty reach me during the day 212-1598-8049. Availability a Thank you for your assistance in this D Suffix 5 cn and Updater n n0 Verifyer

3 pages

Acknowledgement

W. P. Verifyer

790 0505 100

DCC

DCC



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 21, 2000

MICHAEL F. MCNELIS 608 CRESTWOOD RD HOLMES BEACH, FL 32417

SUBJECT: MICHAEL F. MCNELIS & ASSOCIATES

Ref. Number: W00000020541

We have received your document for MICHAEL F. MCNELIS & ASSOCIATES and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Letter Number: 800A00044778

Diane Cushing Corporate Specialist

Division of Corporations - P.O. ROY 6327 -Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael F. McNelis & Associates, LLC

#### ARTICLE II - Address:

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

608 Crestwood Road Holmes Beach, Florida 34217

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

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

Michael F. McNelis
608 Crestwood Rwad
Florida street address (P.O. Box NOT, acceptable) Holmes Beach FL 34217
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. - or

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional afficle must be saided if an effective date is requested)

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 F. McNelis
Typed or printed name of signee

155-

Fil.ing 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)