101000004382

JAMES R MCMULLEN 8320 SW 39 TH COURT DAVIE, FL. 33328 954 382-3474

3000037\$7673--2 -03/05/01--01058--010 *****155.00 ****155.00

WO1-5155

100 FILING FEE
25 REGISTERED AGENT
30 CERTIFIED COPY

\$ 155.00 TOTAL

FILED

01 MR 22 FN 8: 20

SCORETAGY OF STATE
FALLS FOR EXTREMENT

mth 3/22

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 7, 2001

JAMES R. MCMULLEN 8320 SW 39TH COURT DAVIE, FL 33328

SUBJECT: MAC'S SNACK'S LLC Ref. Number: W01000005155

We have received your document for MAC'S SNACK'S LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 401A00013845

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· ·			
ARTICLE I - Name: The name of the Limited Liability Company is:	Mac's	SNACK'S	LLC
ARTICLE II - Address:			
The mailing address and street address of the princi	pal office of the L	imited Liability Co	mpany is:
STREET 8320 SW 39TH CT.		P.O. BOX	
ADDRESS DAVIE, FL. 33328	ADDRESS	FORT LAUDE	ERDALE, FL.
ARTICLE III - Registered Agent, Registered Off	fice, & Registere		•
	_		·
The name and the Florida street address of the regis	•		
LAMES R. /	MC MULLEN	<u> </u>	
<u>8320 5.</u>	ame 39 TH C	MURT-	•
Florida street address (P.	O. Box NOT accepta	ible)	
DAVIE	FL 333 te, and Zip	328	
City, Sia	ie, and Zip		
liability company at the place designated in this certification and agree to act in this capacity. I further agree relating to the proper and complete performance of mobilizations of my position as registered agent as prov	ee to comply with ti ty duties, and I am	he provisions of all si familiar with and ac	tatutes
Registere	d Agent's Signature		annyari ganadis Ganadas panggarig
		#**	5 <u>1</u>
Article IV - Management (Check box if applica		ا المحادث المح	N
The Limited Liability Company is to be mana therefore, a manager - managed company.	ged by one manaş	ger or more manage	is and is,
managed company.		Array Salari Array Salari Maria Salari Maria Salari Maria Salari Maria Salari	Ċ
			20
(An additional article must be adde	ed if an effective of	late is requested)	Edit Chr. 1
Signature of a member or an autho	rized representativ	e of a member.	
(In accordance with section 608.408 of this document constitutes an affir that the facts stated herein are true.)	mation under the per	, the execution alties of perjury	
JAMES K	MCMULLE	EN :	
Typed or printed	name of signee	en e	** * * * *
		•	

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)