

Division of Corporations

L01000017686

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000107106 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : STANTON AND GASDICK, P.A.
Account Number : 075350000152
Phone : (407)423-5203
Fax Number : (407)425-4105

AL

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 15 PM 3:58

LIMITED LIABILITY COMPANY

MCCOY FINANCIAL SERVICES, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

10/15/01 15:34 FAX 4074254105

STANTON AND GASDICK PA

002/005

Page 2 of 2

Division of Corporations

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 15

10/15/01

**ARTICLES OF ORGANIZATION OF MCCOY FINANCIAL SERVICES
LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: MCCOY FINANCIAL SERVICES, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1900 McCoy Road, Orlando, Florida 32809

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV — Management:

☒ The Limited Liability Company is to be managed by one or more managers organized as a Board of Directors and the Limited Liability Company is to be a manager-managed company.

ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: As set forth in the Regulations of the Limited Liability Company.

ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: As set forth in the Regulations of the Limited Liability Company.

ARTICLE VII — Registered Agent

The name and street address of the registered agent for the Limited Liability Company is:

**Alvin J. Cowans
1900 McCoy Road, Orlando, Florida 32809**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 15

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 10 day of October 2001.


Alvin J. Cowans

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


Alvin J. Cowans, Signee

Filing Fee: \$250.00 for Articles and Affidavit

01 OCT 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
McCoy Financial Services, LLC
2. The name and address of the registered agent and office is:

ALVIN J. COWANS
Office: 1900 McCoy Road
Orlando, Florida 32809

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.


(Signature)

10/10/01
(Date)

Filing Fee: \$35 for Designation of Registered Agent

01 OCT 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA