

L01000019748

52115400 DR
Suite One
Shaliman, AZ
32579

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. McDowell Financial Planning LLC
(Corporation Name) (Document #)
2. w01-29027 800004654808-9
(Corporation Name) (Document #) 10/26/01-01038-006
****125.00 ****125.00
3.
(Corporation Name) (Document #)
4.
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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11/15

Examiner's Initials

3p



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 30, 2001

MARGARET R. MCDOWELL
5 CLIFFORD DRIVE, SUITE ONE
SHALIMAR, FL 32579

SUBJECT: MCDOWELL FINANCIAL PLANNING LLC
Ref. Number: W01000025027

We have received your document for MCDOWELL FINANCIAL PLANNING LLC and your check(s) totaling \$125.00. 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 601A00059316

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McDowell Financial Planning LLC

ARTICLE II - Address:

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

5 Clifford Drive, Suite One, Shalimar, FL 32579

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

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

MARGARET R. McDowell
Name

5 Clifford Drive, Suite One
Florida street address (P.O. Box **NOT** acceptable)

Shalimar, FL 32579
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.

Margaret R. McDowell
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 article must be added if an effective date is requested)

Margaret R. McDowell
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.)

MARGARET R. McDowell
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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