

L03 0000 12546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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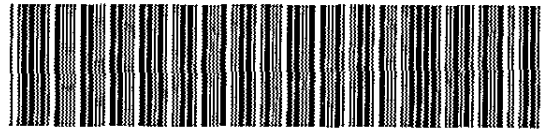
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
TALLAHASSEE, FLORIDA

APR 10 2003

FILED

L03-12546
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LAW OFFICES

MCCONNAUGHAY, DUFFY, COONROD, POPE & WEAVER, P.A.

PENSACOLA
316 S. BAYLEN STREET, SUITE 500
P.O. BOX 13570 (32591)
PENSACOLA, FL 32501-5999
850.434.7122
FAX 850.435.0924

PANAMA CITY
306 E. 19TH STREET
P.O. BOX 16669
PANAMA CITY, FL 32406
850.784.2599
FAX 850.709.5461

JACKSONVILLE
8381 DIXIE LANE, SUITE 100
JACKSONVILLE, FL 32256
904.363.1990
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TALLAHASSEE
P.O. DRAWER 229 (32302-0229)
MONROE PARK TOWER, SUITE 900
101 NORTH MONROE STREET
TALLAHASSEE, FL 32301
850.222.8121
FAX 850.222.4359

GAINESVILLE
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2750 N.W. 41RD STREET, SUITE 300
GAINESVILLE, FL 32606
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FAX 352.378.7826

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OCALA, FL 34474
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FAX 352.401.9218

DAYTONA BEACH
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SUITE 1
DAYTONA BEACH, FL 32114
386.323.7102
FAX 386.323.7150

SARASOTA
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SARASOTA, FL 34236-5930
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FAX 941.955.6244

ATLANTA
100 CLAREMONT AVENUE
SUITE 300
DECATUR, GA 30030
678.891.0003
FAX 678.891.0000

www.mcconnaughay.com

PLEASE REPLY TO:

Tallahassee

April 4, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


RE: Articles of Organization: MAC 3, LLC

Dear Sir/Madam:

Enclosed please find the completed Articles of Organization for Florida Limited Liability Company and a check in the amount of \$125.00 which represents the filing fee and fee for Designation of Registered Agent for the above referenced LLC.

Please advise if additional information is needed.

Sincerely,


James N. McConnaughay

JNM:kta
Enclosures

SIGNED IN THE ABSENCE OF
JAMES N. MCCONNAUGHAY
IN ORDER TO EXPEDITE

FILED
APR 7 2003
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: MAC 3, LLC

ARTICLE II - Address:

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

101 North Monroe Street, Suite 900

P.O. Drawer 229
Tallahassee, FL 32302-0229

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

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

James N. McConnaughay

Name

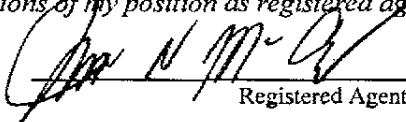
101 North Monroe Street, Suite 900

Florida street address (P.O. Box **NOT** acceptable)

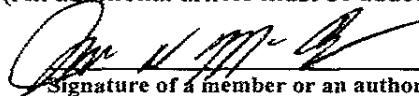
Tallahassee, FL 32301

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.


Registered Agent's Signature

(An additional article must be added 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.)

James N. McConnaughay

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)