

L03000021079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

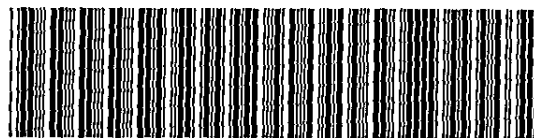
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/11/03--01065--015 \*\*125.00

RECEIVED  
03 JUN 11 AM 11:18  
STATE  
DIVISION  
TALLAHASSEE, FLORIDA

FILED  
03 JUN 11 PM 12:05  
TALLAHASSEE, FLORIDA

1342

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/State/Zip

850-222-2785

Phone #

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JUN 11 PM 12:05  
TALLAHASSEE, FLORIDA

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

- 1- mccall town holdings, llc
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

#### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

#### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

#### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

#### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
MCCALL TOWN HOLDINGS, LLC  
LIMITED LIABILITY COMPANY**

FILED  
03 JUN 11 PM 12:05  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of the Limited Liability Company is **MCCALL TOWN HOLDINGS, LLC.**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is 2911 N.E. Pine Island Road, Cape Coral, Florida 33909-6513.

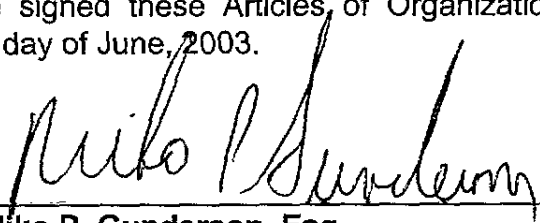
**ARTICLE III - Registered Agent and Registered Office**

The name and street address of the registered agent of the Company is **Miko P. Gunderson, Esq.**, 18401 Murdock Circle, Port Charlotte, Florida 33948-1088.

**ARTICLE IV - Management**

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

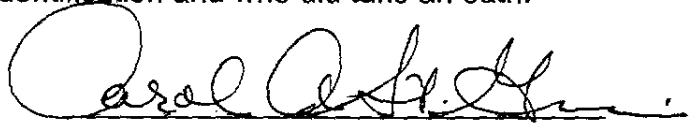
**IN WITNESS WHEREOF**, I have signed these Articles of Organization and acknowledged them to be my act this 10 day of June, 2003.

  
\_\_\_\_\_  
**Miko P. Gunderson, Esq.**  
Authorized Representative of Member

STATE OF FLORIDA )  
 ) ss.  
COUNTY OF CHARLOTTE )

FILED  
JUN 11 PM 12:05  
TALLAHASSEE, FLORIDA

The foregoing instrument was sworn to and acknowledged before me this 10 day of June, 2003, by MIKO P. GUNDERSON, ESQ., who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.



Notary Public, State of Florida  
My Commission Expires:

51403a05



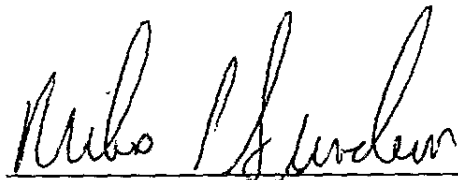
Carol A. St. Germain  
MY COMMISSION # DD116365 EXPIRES  
June 14, 2006  
BONDED THRU TROY FAIR INSURANCE, INC.

03 JUN 11 PM 12:05  
FILED  
TALLAHASSEE, FL 32302  
STATE

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **MCCALL TOWN HOLDINGS, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 10 day of June, 2003.

  
MIKO P. GUNDERSON, ESQ.