# 10300034500

(Re	equestor's Name)	
_ (Ad	dress)	<del></del> _
(Ad	dress)	
(Cit	y/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		9/25,
		TINK



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03 SEP 19 AM 10: 4:

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jan M. Macdonald Enterprises	, LLC	
(Name of Limited L	iability Company)	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Jan M. Macdonald	O3	
(Name of Person)	03 SEP 19 AM 10: 45	
	19 \$\$£	
Jan M. Macdonald Enterprises, LLC		
(Firm/Company)	HIO: 45	
	G. G	
12670 New Brittany Boulevard, Suite 203		
(Address)		
Fort Myers, FL 33907		
(City/State and Zip Code)	***************************************	
For further information concerning this matter, pl	easè call:	
Jan M. Macdonald at (	239 ) 939-5575	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
'allahassee, Florida 32399 Tallahassee, Florida 32314		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Jan M. Macdonald Enterprises, LLC

#### **ARTICLE II - Address:**

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

Mailing Address:	
12670 New Brittany Boulevard	
Suite 203	
Fort Myers, FL 33907	
Office, & Registered Agent's Signature:	
S	
evard, Suite 203	
Box NOT acceptable)	
El A P	
nd Zip	
1	

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..

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Jan M. Macdonald	
	12670 New Brittany Boulevard, Suite 203 Fort Myers, FL 33907	سته دو خان
		erik Geografia
······································	Do In	03
	HASS	SEP 19
(Use attachment if necessary)	added if an effective date is requested.	M 10: 45

Signature of a member or an authorized representative of a member.

(Un 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.)

M. Mic dons (d)
Typed or printed name of signee

<u>Filing Fees:</u> \$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)