Division of Coperations

Florida Department of State

Page 1/2 Page 1 of 1

Division of Corporations
Public Access System

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.

(((H04000016731 3)))

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 : DANIEL HICKS, P.A.

Account Number: 075061003325 - Phone : (352)351-3353

Fax Number : (352)351-8054

HINDA HER

LIMITED LIABILITY AMENDMENT

M C DOUBLE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electropic Filing Menu.

Comporate Filing

Bublic Access Help.

Puly

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	-		
SECO			•·· ·
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEMENT	
X	Contains an incorrect statement. The incorrect statement, the reason the state incorrect, and the corrected statement are as follows:	ement is	
	M C DOUBLE, LLC was typed in error		
	The name of the limited liability company should read		
	DOUBLE M C, LLC	***************************************	•• .
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively the appropriate correction is as follows:	signed and	
			-· ·
Dated	January 23, 2004	5° 0	
	Shull M		
	Signature of a member or authorized representative of a member	HAS:	五 二 二 二 二
	Daniel Hicks Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

(((H0400001.5847 3)))

ARTICLES OF ORGANIZATION OF M C DOUBLE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

The name of the limited liability company shall be M C DOUBLE, LLC ("Company"). The principal place of business of the Company in Florida shall be 421 South Pine Avenue, Ocala, Florida 34474.

ARTICLE II

This is a single member Limited Liability Company, to be managed by the Member, the single Member is Moira Carroll, who address is 1429 N. Wells, Unit 601, Chicago, II. 60610.

ARTICLE III PURPOSES AND POWERS

The general purpose for which the Company is organized is to conduct any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE IV REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Daniel Hicks, 421 South Pine Avenue, Ocala, Florida 34474.

ARTICLE V CAPITAL CONTRIBUTIONS

The Member of the Company shall contribute to the capital of the Company the cash or property set forth as follows:

(((H04000015847 3)))

(((но4000015847 3

)))

NAME

CAPITAL CONTRIBUTION/ %

Membership Units

1. Moira Carroll \$10,000.00

100%

100

ARTICLE VI TERMINATION OF EXISTENCE (CONTINUITY OF LIFE)

The company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the Member.

IN WITNESS WHEREOF, the undersigned organizer have made and subscribed these Articles of Organization at Ocala, Florida, for the foregoing uses and purposes this $\frac{\partial \ell}{\partial t}$ day of January, 2003.

Daniel Hicks

STATE OF FLORIDA COUNTY OF MARION

Before me, personally appeared, Daniel Hicks, to me well known and known to me to be the persons described in and who executed the foregoing Articles of Organization and acknowledged to and before me that they executed said instrument for the purposes therein expressed, and that they are personally known to me.

WITNESS my hand and official seal this

day of January, 2004.

DEBBIE MATHIS MY COMMISSION # DO 27822

Notary Public, State of Florida

(((H04000015847 3)))

ACCEPTANCE OF REGISTERED AGENT

I, the undersigned person, having been named as registered agent and to accept services of process for the above -stated limited liability company at the place designated in this statement, 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 obligation of my position as registered agent.

Dated this ______ day of January, 2004.

Daniel Hicks