

L04000031594

(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:

Name
Availability

Document
Examiner

DCC

Updater

DCC

Office Use Only

Updater
Verifier

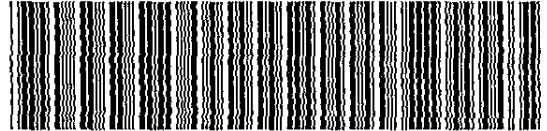
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



500032440555

04/27/04--01002--001 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 3:12

RECEIVED

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
04 APR 26 PM 3:00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATT MCHAFFIE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATT MCHAFFIE

(Name of Person)

MATT MCHAFFIE, LLC

(Firm/Company)

1431 PINE ST.

(Address)

TALLAHASSEE, FL 32304

(City/State and Zip Code)

For further information concerning this matter, please call:

MATT MCHAFFIE

(Name of Person)

at (850) 459-6531

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 3:12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MATT MCHAFFIE, LLC

ARTICLE II - Address:

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

Principal Office Address:

1431 PINE ST
TALLAHASSEE, FL 32304

Mailing Address:

SAME

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

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

MATT MCHAFFIE

Name

1431 PINE ST

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

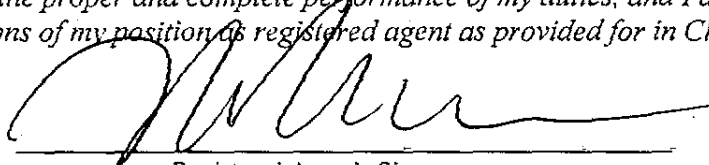
TALLAHASSEE, FL 32304

City, State, and Zip

04 APR 26 PM 3:12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

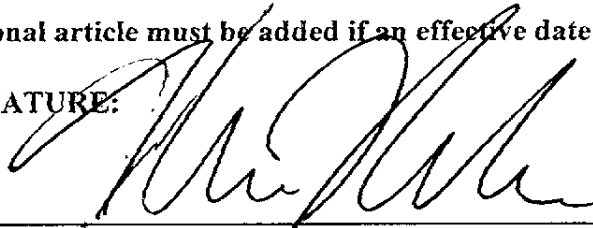
MGRM

MATT MCHAFFIE
1431 PINE ST.
TAMMESP, FL 32304

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

MATT MCHAFFIE

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 26 PM 3:12