

L05000014942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

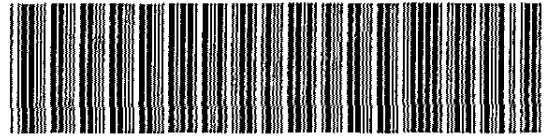
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000045180800

02/09/05--01026--001 **125.00

FILED

2005 FEB -9 PM 1:25

WALLEN J. CORPORATIONS
TALLAHASSEE, FLORIDA

J. BROWN FEB 14 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mac's TRim of West Palm Beach, 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:

JOHN C. MacDowell
(Name of Person)

Mac's TRim of West Palm Beach, LLC
(Firm/Company)

P.O. Box #7627
(Address)

West Palm Beach, Fla. 33405
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN C. MacDowell at (561) 588-7808
(Name of Person) (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
2009 FEB - 9 PM 1:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2005 FEB - 9 PM 1:25
CLERK OF COURTS
PALM BEACH COUNTY, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mac's TRIM OF WEST PALM BEACH, LLC

ARTICLE II - Address:

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

Principal Office Address:

P.O. Box #7627
W.P.B., Fla. 33405

Mailing Address:

P.O. Box #7627
W.P.B., Fla. 33405

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

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

John C. MacDowell
Name

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

West Palm Beach FLORIDA 33405
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, Florida Statutes..

John C. MacDowell
Registered Agent's Signature

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:

MGR

John C. MacDowell
P.O. Box #7627
West Palm Beach, FL 33405

(Use attachment if necessary)

FILED
2005 FEB - 9 PM 1:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

John C. MacDowell
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.)

John C. MacDowell
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)