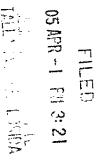
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	(Requestor's Name)		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)		
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL		
Certified Copies Certificates of Status	(Business Entity Name)		
	(Document Number)		
Special Instructions to Filing Officer:	Certified Copies Certificates of Status		
	Special Instructions to Filing Officer:		

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T. Brumbley APR 5 7005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
SUBJECT: MC MANUS, L.L.C. (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:
Michael McManus (Name of Person)
Michael McManus
(Firm/Company)
4507 FURLING LANE Suite 21
(Addices)
Destin, FL 32541
(City/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Michael McManus at 850 830 - 8340 77 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee
STREET ADDRESS: Registration Section Registration Section

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ÆΙ	- Nam	e:
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The name of the Limited Liability Company is:

MCMANUS, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4507 FURLING L	
Suite 212	SANTA ROSA Beach
DESTIN, FL 3254	FLONIDA, 32459
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:

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

Michael McManus

Name

4507 Furling Lane Soite 212

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

Destin FL 32541

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, F.S..

Registered Agent's Signature

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	A
MGR	Michael McManus
	DESTIN, FL 32541
MGRM	ANGELA MCManus 4507 FURLENG LANE Ste 210
	DESTIN, FL 32541
	
(Use attachment if necessary)	10000000000000000000000000000000000000
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	abor or an authorized representative of a member.
(In accordance with of this document of	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

· ...

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)