

WS000047121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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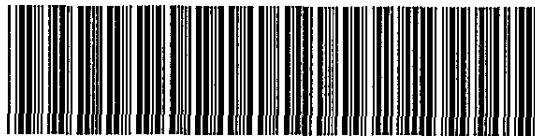
(Business Entity Name)

(Document Number)

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WS-47121
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 21, 2005

STACY DECKER
1900 MASP TERRACE 37-102
KISSIMMEE, FL 34741

SUBJECT: MAC MINN SPECIALTIES
Ref. Number: W05000020157

We have received your document for MAC MINN SPECIALTIES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 805A00027448

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 10, 2005

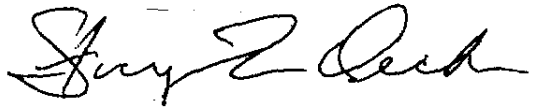
Division of Corporations
Tammi Cline
PO Box 6327
Tallahassee, FL 32314

Subject: MACMINN SPECIALTIES, L.L.C.
REF NUMBER: W05000020157

Dear Ms. Cline,

Please process the registration for MAC MINN SPECIALTIES, L.L.C. Enclosed is the corrected Articles of Organization.

Thank You,

A handwritten signature in black ink, appearing to read "Stacy L. Decker".

Stacy L. Decker

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MacMinn Specialties
(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:

Stacy L. Decker
(Name of Person)

MacMinn Specialties
(Firm/Company)

1900 Masp Terrace 37-102
(Address)

Kissimmee, FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy L. Decker at (772) 332-7367
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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MAY 11 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MacMinn Specialties, 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:

1900 Mast Terrace 37-102

Kissimmee, FL 34741

Mailing Address:

1900 Mast Terrace 37-102

Kissimmee, FL 34741

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

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

Stacy L. Decker

Name

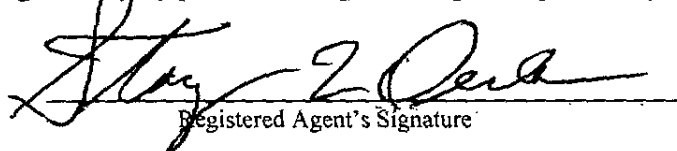
1900 Mast Terrace 37-102

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

Kissimmee, FL 34741

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

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TALLAHASSEE, FLORIDA

(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:

MGR - President

Stacy L. Decker

1900 Masp Terrace 37-102

Kissimmee, FL 34741

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

Stacy L. Decker

Typed or printed name of signee

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)**

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