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WHASSEE, FLORIDA

3. STATES JUN 1. 6 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: Miami Lo	cators LLC		
-	(Name of Limited	l Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Picase return all corresp	ondence concerning this matte	r to the following:	
Mark Mc			
	O	Name of Person)	
Miami Locators LLC			
	(1	Firm/Company)	I AL
9028 South	Richmond		LAIIAS
		(Address)	SEE, ORP
Even	reen Park, it. 60805	State and Zip Code)	2005 JUN-9 AM 9: 22 2005 JUN-9 AM 9: 22 PALLANASSEE, FLORIDA
	(Cu)	sine an Lip Cine)	> ₹
For further information	concerning this matter, please	call;	
Mark McCenn		at (773) 510-8819	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	### \$130.00 Filing Fee & Certificate of Status	© \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section		MAILING A Registration S	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:
Miami Locators LLC	
ARTICLE H - Address: The mailing address and street address of the page 1.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
550 West 11th Street	9028 South Richmond
Suite 103	Evergreen Park, IL 60805
Miami Beach, FL 33139	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the Mark McCann Name	registered agent are:
550 11th Street, Suite 103	9: 22 PLORITE
Florida street ad	dress (P.O. Box NOT acceptable)
Miami Beach, FL 33139	FL
City, State,	and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	occept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
continues visus	≥ viRimm±

(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	Mark McCann				
and the second s	9028 South Richmond				
	Evergreen Park, IL 60805				
Secretarian and the second control of the se					
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	= 7				
(Use attachment if necessary)					
•	SSEE TO				
NOTE: An additional article must be added if an effective date is requested. The					
REQUIRED SIGNATURE:	added if an effective date is requested. The 22				
ALQUINED SIGNATURE:	MK_				
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.)					
Mark McCann					
Typed or printed name of signon					
Piling Fees:					

5125.00 Filing For for Articles of Organization and Designation of Registered Agent

S 39.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)