

U05000066090

00789-02826-00671 6/27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

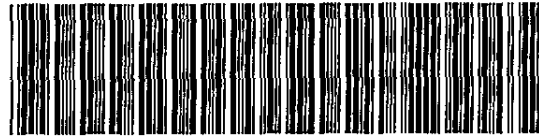
Certificates of Status 1

Special Instructions to Filing Officer:

6/27

FL LC

Office Use Only



500056517605

06/27/05--01057--012 **160.00

EFFECTIVE DATE

6/22

M. HODGES

Suzanne M. Bride

AUTHORIZATION BY PHONE TO

CORRECT EFF DATE - to 6/22

DATE 7/5/05

DOC. EXAM mg

W05-37377

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCBRIDE WOODBRIDGE MARKETING 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:

CLAIRE SUZANNE MCBRIDE
(Name of Person)

MCBRIDE WOODBRIDGE MARKETING LLC
(Firm/Company)

150 COCONUT DRIVE, #202
(Address)

INDIALANTIC, FL 32903
(City/State and Zip Code)

For further information concerning this matter, please call:

SUZANNE MCBRIDE at (321) 837-1000
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

McBride Woodbridge Marketing LLC

ARTICLE II – Address:

Principal Office and Mailing Address:

150 Coconut Drive, Suite 202, Indialantic, FL 32903

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

Claire Suzanne McBride
Registered Agent

412 Port Royal Blvd., Satellite Beach, FL 32937
Address, City, State

Having been named as registered agent and to accept service of process for the above state 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 the Chapter 608, F.S.


Registered Agent's Signature

05 JUN 17 PM 4:30

**ARTICLE IV – Manager (MGR) or Managing Members
(MGRM):**

Managing Member Michael Nolan McBride
 412 Port Royal Blvd.
 Satellite Beach, FL 39237

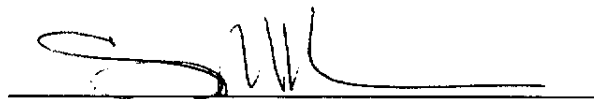
Managing Member K. Amelia Woodbridge
 365 Wilson Avenue
 Satellite Beach, FL 32937

Member Andy A. Zavalla
 1909 Slone Blvd.
 Melbourne, FL 32935

ARTICLE V – EFFECTIVE DATE:

The effective date of operations is June 22, 2005.

REQUIRED SIGNATURE:



Authorized Representative of 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.

C SUZANNE MCBRIDE
Authorized Representative of Member - Print