

LO6000023757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

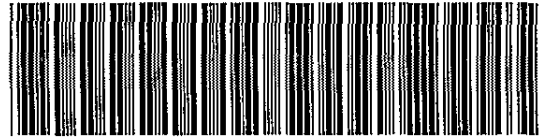
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500066937125

03/02/06--01033--018 **155.00

FILED

06 MAR -2 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Offices
CASEY WILLIAM COUGHLIN, P.A.
1401 University Drive, Suite #600
Coral Springs, Florida 33071

Telephone (954) 227-1136
Facsimile (954) 227-1129

Casey William Coughlin, P.A.
ALSO ADMITTED IN NEW YORK

TRANSMITTAL LETTER

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

SUBJECT: LTCMac Enterprises, LLC.
(name of LLC)

THE ENCLOSED Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Casey William Coughlin, Esq.
(Name of Person)

Casey William Coughlin, P.A.
(Firm / Company)

1401 N. University Drive, Suite 600
(Address)

Coral Springs, FL. 33071
(City, State, Zip Code)

For further information concerning this matter, please call:

Casey William Coughlin, Esq. at (954) 227-1136
(Name of Person) (Area Code & Daytime Phone)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: LTCMac Enterprises, LLC.

ARTICLE II – Address:

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

Principal Office Address:

Mailing Address

Marsh R. McEachrane, MD.
Linda H. McEachrane

6299 N.W. 92nd Avenue, Parkland, FL. 33067
6299 N.W. 92nd Avenue, Parkland, FL. 33067

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

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

Marsh R. McEachrane, MD
Name

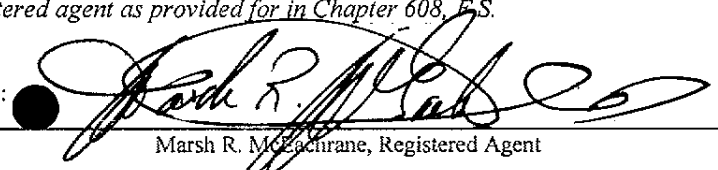
728 Riverside Drive
Florida street address (P.O. Box NOT acceptable)

Coral Springs, Florida 33071
City, State, and Zip

FILED
06 MAR -2 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

By: ●


Marsh R. McEachrane, Registered Agent

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR"= Manager

"MGRM"= Managing Member

MGR

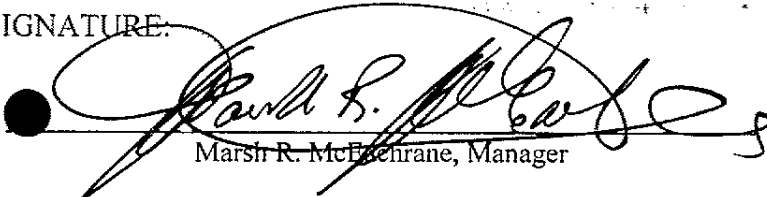
Marsh R. McEachrane
6299 N.W. 92nd Avenue
Parkland, FL. 33067

MGRM

Linda H. McEachrane
6299 N.W. 92nd Avenue
Parkland, FL. 33067

ARTICLE V - Effective date of the LLC shall be the date of filing with the Secretary of the State of Florida..

REQUIRED SIGNATURE:


Marsh R. McEachrane, Manager

(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.)

Marsh R. McEachrane

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)

FILED
06 MAR -2 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA