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SECRETARY OF STATE
AHASSEE, FLORIDA

WW-52515

EFFECTIVE DATE

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: RANDY McCONNELL, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00
Filing fee & Designation
Designation
of Registered Agent

[X]\$130.00 Filing Fee, Designation of

Registered Agent, & Certificate of Status

[]\$150000 Fee.
Filing Free.
of Registered Agent,
Certificationy,
Certification Status

Please return all correspondence concerning this matter $\widetilde{\mathcal{G}}$ the following:

RANDY McCONNELL 480 EAGLE CIRCLE CASSELBERRY, FL 32707

For Further information concerning this matter, please call: RANDY McCONNELL at 407-767-2037.

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:

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

ARTICLES OF ORGANIZATION

OF

RANDY McCONNELL, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: RANDY McCONNELL, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal offi of the Limited Liability Company is 480 Eagle Circle, Cassed Perky, 32707.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

RANDY McCONNELL

480 Eagle Circle Casselberry, FL 32707

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.

AND MCCONNELL

5 17-06

ARTICLE IV - MANAGEMENT

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

Title:

Name and Address:

Manager

RANDY McCONNELL 480 Eagle Circle Casselberry, FL 32707

ARTICLE V - EFFECTIVE DATE

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.)

Roupy Mcconney Printed name of signee

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)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this $\frac{16}{1000}$ day of $\frac{1000}{1000}$.
RANDA MCCONNELL
STATE OF FLORIDA) COUNTY OF SEMINOLE)
The foregoing instrument was acknowledged before me this day of May / 6, 2006 by RANDY McCONNELL, who is personally known to me or who has produced driver's license as identification and who did take an oath.
KIMBERLY ALDRIDGE Notary Public, State of Florida My comm. experts Feb. 06, 2016 No. DD515154 Bonds: Area Ashles: Agency, Inc. (800)451-4854 At Large KIMBERLY ALDRIDGE Notary Public, State of Florida Notary Public, State of Florida
My Commission Expires:
Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.
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