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SECRETARY OF STATE

COVER LETTER

Division of Co			
SURJECT: Pam I	McLure Team, LLC		
		Liability Company)	
The enclosed Articles of	of Organization and fee(s) are sul	bmitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
David A.	Ashbrook		
1	(N	lame of Person)	
	(F	Pirm/Company)	
220 Spa	rrow St.	,	
		(Address)	
Wewahit	tchka, FL 32465	•	
	(City/S	State and Zip Code)	
For further information	concerning this matter, please c	all:	
David A. Ashb	rook	at (850) 227-406	8
(Name of Person)		(Area Code & Daytime Tele	ephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130:80 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	ny is:			
Pam McLure Team, LLC		,		
Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviation "LLC,"	or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Lia	ability Con	pany	is:
Principal Office Address:	Mailing Address:			
92 Hwy 98	PO BOX 13309			
Mexico Beach, FL 32456	Mexico Beach, FL 32410			
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Registered Agent. You must designate an individ	Signature dual or another	:	
The name and the Florida street address of	the registered agent are:	SE(90	
Pamela McLure		Z A	O6 JUL	
. 1	Name	AS I	Z- J	
92 Hwy 98		SEE, O	5 P.	LED
Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)			O
Mexico Beach, FL, 32	456 FL State, and Zip	STATE FLORIDA	2: 12	

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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" = Manag "MGRM" = Man					
MGR		Pamela McLure			
		92 Hwy 98			
		Mexico Beach, FL 32456			
MGRM		David Ashbrook			
		220 Sparrow St.			
		Wewahitchka, FL 32465			
					_
			<u> </u>		
(Use attachment	if necessary)				
	ted, the date must be	ate of filing: 1 July 2006 (O specific and cannot be more than five busings).			r
	···g·/				
REQUIRED SIG	GNATURE:				
	The state of the s	whole .	SECRE	06 JUL	
	Signature of a member	or an authorized representative of a member.	ASS	d.	=
	(In accordance with secti of this document constitu- that the facts stated her	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)	SEE, FLO	-5 PH 2:	ED
	David Ashbrook		RA RA		
		ed or printed name of signee	¥m	10	
		· -			

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)