

L06000106605

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000266993 3)))



H060002669933ABC8

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

2006 NOV -2 A 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
06 NOV -2 PM 1:17  
DIVISION OF CORPORATIONS  
FLORIDA/FOREIGN LIMITED LIABILITY CO.

mcintosh & mcintosh llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

AL

Electronic Filing Menu Corporate Filing Menu

Help

H06000266993

③

**ARTICLES OF ORGANIZATION  
OF  
MCINTOSH & MCINTOSH LLC  
A Florida Limited Liability Company**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**MCINTOSH & MCINTOSH LLC**

**ARTICLE II-ADDRESS:**

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

**PRINCIPAL OFFICE ADDRESS:**

900 S BISCAYNE RIVER DR. MIAMI, FL. 33169.

**MAILING ADDRESS:**

900 S BISCAYNE RIVER DR. MIAMI, FL. 33169.

2006 NOV - 2 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

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

**EDDIE MCINTOSH**  
(NAME)

**900 S. BISCAYNE RIVER DR.**  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

**MIAMI, FLORIDA 33169**  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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.

*Eddie M. McIntosh*  
REGISTERED AGENT SIGNATURE

H06000266993

H06000266993

**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:Name and address:

MGR= Manager

MGRM= Managing Member

MGR= EDDIE MCINTOSH

900 S. BISCAYNE RIVER DR. MIAMI, FL 33169

MGR= KATRINA R. MCINTOSH

900 S. BISCAYNE RIVER DR. MIAMI, FL 33169

2006 NOV - A 9 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

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.)**EDDIE MCINTOSH**

Typed or printed name of signed

H06000266993