

LO7000024585

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

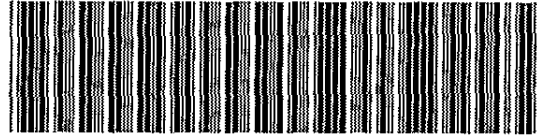
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: W07-8656

2727

[Signature]

Office Use Only



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02/19/07--01016--008 **125.00

07 MAR -6 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STUMP WEBSTER LAW

Gary L. Stump ■ Ronald S. Webster ■ Pamela Craig ■ Jason J. Recksiedler ■ Sage Morris-Webster ■ Edmund T. Woolfolk

February 28, 2007

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Michael K. McGuire Family, LLC
Ref # WO7000008656

Dear Sir or Madam:

Enclosed herewith please find the original and a copy of the corrected first page for the Articles of Organization for the above-referenced corporation. As you can see, we deleted the word "Partnership" from the name.

Should you have any problems or questions, please contact my office. Thank you for your professional attention and assistance in filing these papers.

Sincerely,



Jason J. Recksiedler

JRR:lk

Enclosure

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2007

JASON J. RECKSIDLER
STUMP WEBSTER LAW
719 PEACHTREE ROAD, SUITE 200
ORLANDO, FL 32804

SUBJECT: MICHAEL K. MCGUIRE FAMILY PARTNERSHIP, LLC
Ref. Number: W07000008656

We have received your document for MICHAEL K. MCGUIRE FAMILY PARTNERSHIP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 107A00012398

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STUMP WEBSTER LAW

Gary L. Stump ■ Ronald S. Webster ■ Pamela Craig ■ Jason J. Recksiedler ■ Sage Morris-Webster ■ Edmund T. Woolfolk

February 13, 2007

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Michael K. McGuire, C.P.A., P.A.

Dear Sir or Madam:

Enclosed herewith please find the original and one copy of Articles of Organization for the above-referenced corporation for filing. Also, please find our check for the filing fee in the amount of \$125.00, along with a self-addressed, stamped envelope for the return of the copy of the Articles of Organization.

Should you have any problems or questions, please contact my office. Thank you for your professional attention and assistance in filing these papers.

Sincerely,

Jason J. Recksiedler

JRR:lk

Enclosure

07 MAR -6 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION
MICHAEL K. MCGUIRE FAMILY, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

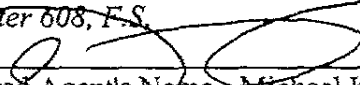
1. **Name.** The name of the limited liability company is: MICHAEL K. MCGUIRE FAMILY, LLC
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

415 Montgomery Road, Ste. 101, Altamonte Springs, FL 32714
4. **Mailing Address.** The mailing address of the limited liability company is:

415 Montgomery Road, Ste. 101, Altamonte Springs, FL 32714
5. **Management.** The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Michael K. McGuire
415 Montgomery Road, Ste. 101
Altamonte Springs, FL 32714

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 Name - Michael K. McGuire

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TALLAHASSEE FLORIDA

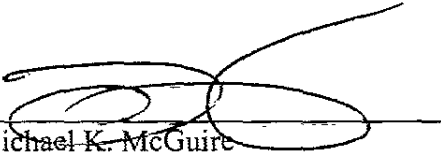
7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below: date of filing

8. **Manager(s) or Managing Member(s):**

Title: Name and Address:

MGRM

Michael K. McGuire


Michael K. McGuire
Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

Filing Fee: \$125.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA