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(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** E.45TH STREET, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WINSOME C. MCFARLANE

(Name of Person)

E.45TH STREET, LLC

(Firm/Company)

3056 MISTY MARSH DRIVE

(Address)

JACKSONVILLE FL 32226

(City/State and Zip Code)

For further information concerning this matter, please call:

WINSOME C. MCFARLANE

(Name of Person)

at ( 904 ) 821-9906

(Area Code & Daytime Telephone Number)

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**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

E.45TH STREET, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3056 MISTY MARSH DRIVE

JACKSONVILLE FL 32226

**Mailing Address:**

3056 MISTY MARSH DRIVE

JACKSONVILLE FL 32226

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

WINSOME C. MCFARLANE

Name

3056 MISTY MARSH DRIVE

Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE

FLORIDA 32226

City, State, and Zip

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*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, Florida Statutes..*

Winsome C McFarlane

Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM  
Donovan R. McFarlane

MGRM  
Winsome C. McFarlane

**Name and Address:**

DONOVAN R. MCFARLANE  
3056 MISTY MARSH DRIVE  
JACKSONVILLE FL 32226

WINSOME C. MCFARLANE  
3056 MISTY MARSH DRIVE  
JACKSONVILLE FL 32226

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Winsome McFarlane

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.)

WINSOME MCFARLANE

Typed or 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)