

L07000072256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

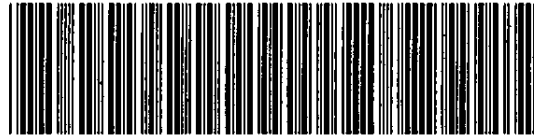
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

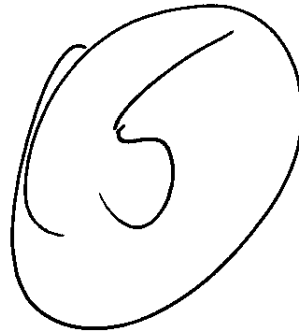
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W07-29879



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07 JUL 12 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

L07-72256

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOUISIANA 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)

LOUISIANA 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 at ( 904 ) 821-9906  
(Name of Person) (Area Code & Daytime Telephone Number)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2007

WINSOME C. MCFARLANE  
3056 MISTY MARSH DRIVE  
JACKSONVILLE, FL 32226

SUBJECT: LOUISIANA STREET, LLC  
Ref. Number: W07000029979

We have received your document for LOUISIANA STREET, 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):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

We do not file Operating Agreements in this office.,

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) 245-6949.

RUSSELL L HUNT  
Document Specialist

Letter Number: 507A00041673

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

**FILED**  
07 JUL 12 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOUISIANA 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

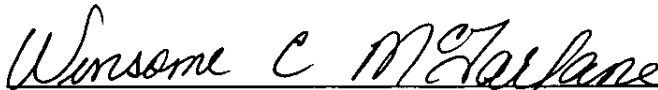
3056 MISTY MARSH DRIVE

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

JACKSONVILLE FLORIDA 32226

City, State, and Zip

*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..*



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

MGR = 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

(Use attachment if necessary)

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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

**REQUIRED SIGNATURE:**

Winsome C. 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 C. 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)