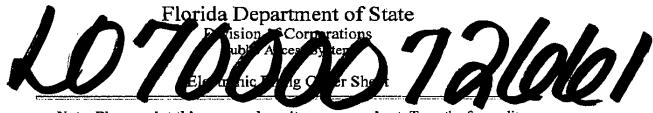
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Division of Corporations

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(((H07000179331 3)))



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To:

Division of Corporations

Fax Number

: (850) 205-0383

From:

Account Name

: NATIONAL REGISTERED AGENTS, INC.

Account Number : 120030000062

Phone

(609) 716-0300

Fax Number

: (609)716-0820

ORIDA/FOREIGN LIMITED LIABILITY CO.

McG and G, LLC

Certificate of Status	0
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ARTICLE I - Name:

The name of the Limited Liability Company is:

(((H070001793313)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ts "Limited Liability Company, "L.L.C.," or "L.C.")	
ARTICLE II - Address:		
The mailing address and street add	trees of the principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
4987 Belfort Road	4887 Befort Road	
Sulte 201	Sulle 201	`
Jacksonville, Florida 32256	Jacksonville, Floride 32258	_ ≥ ∽ 0
		<u></u>
ARTICLE III - Registered Ages	nt, Regintered Office, & Registered Agent's Signatu	
	in the first term of the contraction of the contrac	
(The Limited Limbility Company cannot servi	s as its own Registered Agent. You caust designed an individual or ano	100>-
(The Limited Limbitity Company cannot serve business entity with an active Ploside registration	's as its own Registered Agent. You bound designs to an individual of ano ration.)	~ ~
business entity with an active Plottide registr	milion.)	IARY ASSE
business entity with an active Florida registrate name and the Florida street at	ration.) ddress of the registered agent are:	12 ASSEE
business entity with an active Plottide registr	ration) ddress of the registered agent are:	12 PM
business entity with an active Florida registrate name and the Florida street at	ration.) ddress of the registered agent are:	ARY OF
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The name and the Florida street at Marshalf Gunn 4887 Belfort Re	ddress of the registered agent are:	12 PM
The name and the Florida street at Marshalf Gunn 4887 Belfort Re	nation.) ddress of the registered agent are: Name Oad, Sulle 201	ARY OF
beiness entity with an active Florida regists The name and the Florida attrect at Marshalf Gunn 4887 Belfort Re	ration.) ddress of the registered agent are: Name oad, Sulte 201 Plorids strest address (P.O. Box NOT acceptable)	12 PM
The name and the Florida street at Marshalf Gunn 4887 Belfort Ro	Name Oad, Sulte 20; Ploride strest address (P.O. Box NOT acceptable) Pl. 32256 City, State, and Zip	12 PM 12: 31 ARY OF STATE ASSEE, FLORIDA
The name and the Florida street at Marshall Gunn 4887 Bellort Ro Jacksonville Having been named at registered	ration.) ddress of the registered agent are: Name cad, Suite 201 Plorida street address (P.O. Box NOT acceptable) Pl. 32256	ARY OF STATE ASSEE, FLORIDA audimited

(CONTINUED) Page 1 of 2

EFFECTIVE DATE 7/16/07

C(CH070001793313)))

prior

"MGRM" = Managing Member

MGRM

(((Ho70001793313)))

Marshall Gunn

4887 Belfort Road, Suite 201

ARTICLE IV- Manager(s) or Managing Mamber(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager

	•	
MGRM		Pat McGrogan
		95214 Willett Way
		Femandina Basch, Florida 32024
		
	· · · · · · · · · · · · · · · · · · ·	
• •		
		
(Use attachmen	t if necessary)	•
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