

107 000099795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



400109210684

03/11/07--01003--019 **155.00

07 OCT - 1 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Special Instructions to Filing Officer:

MSB

789-623 524 671

Office Use Only

107-45027

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scott Mackin 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:

Scott Mackin
(Name of Person)

Scott Mackin LLC
(Firm/Company)

328 Knotty Pine Circle Apt B-1
(Address)

Greenacres, Florida 33463
(City/State and Zip Code)

07 OCT - 1 AM 8:26
FILED
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

For further information concerning this matter, please call:

Scott Mackin at (561) 801-5484
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2007

SCOTT MACKIN
328 KNOTTY PINE CIRCLE APT B-1
GREENACRES, FL 33463

SUBJECT: SCOTT MACKIN LLC
Ref. Number: W07000045027

We have received your document for SCOTT MACKIN LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of the application is missing, enclosed is the second page of the application. Please complete and resend with the signature.,

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 407A00053983

FILED
07 OCT - 1 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scott Mackin LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

328 Knotty Pine Cir. Apt. B-1
Greenacres, FL 33463

328 Knotty Pine Cir. Apt B-1
Greenacres FL 33463

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Scott Mackin

Name

328 Knotty Pine Cir. Apt B-1

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

Greenacres FL 33463

City, State, and Zip

FILED
07 OCT - 1 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Scott Mackin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Name and Address:

MGRM

Scott Mackin
328 Knotty Pine Cir. Apt B-1
Greenacres Fl. 33463

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

FILED
07 OCT - 1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REQUIRED SIGNATURE:

Scott Mackin

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.)

Scott Mackin
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)