

LO8000070678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

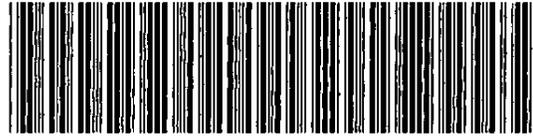
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/22/08--01003--008 **130.00

EFFECTIVE DATE
7/21/08

FILED
08 JUL 22 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Douglas McNamara
7464 Herricks Loop
Orlando, FL 32835
Phone (407) 808-4282**

July 17, 2008

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

Re: Douglas J. McNamara, LLC

To Whom It May Concern:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

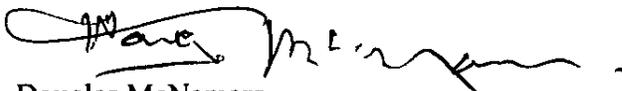
Douglas McNamara
7464 Herricks Loop
Orlando, FL 32835

For further information concerning this matter, please call:

Douglas McNamara at (407) 808-4282

Enclosed is a check for the following amount: \$130.00.

Sincerely,


Douglas McNamara

Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME:

The name of the Limited Liability Company is: Douglas J. McNamara, LLC

ARTICLE II – ADDRESS:

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

Principal Office Address:

7464 Herricks Loop
Orlando, FL 32835

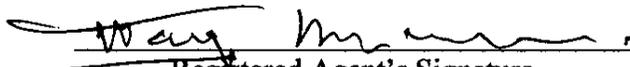
Mailing Address:

7464 Herricks Loop
Orlando, FL 32835

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE
REGISTERED AGENT'S SIGNATURE:**

Douglas McNamara
7464 Herricks Loop
Orlando, FL 32835

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 Signature

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TALLAHASSEE FLORIDA
P. H. P. P.

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

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

Title:

Name and Address:

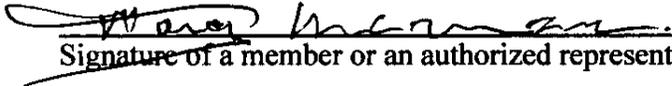
MGR

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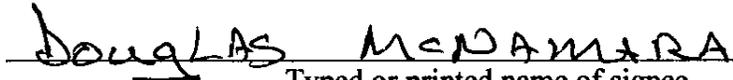
ARTICLE V

Effective date, if other than the date of filing: July 21, 2008

REQUIRED SIGNATURE:


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.)


Typed or printed name of signee

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TALLAHASSEE FLORIDA