L08000093010

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special nstruction to Filing Officer:			
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SECRETARY OF STATE ALLAHASSEE. FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2008

WILLIAM E. MCFADDEN 1807 PINEVIEW CIR. WINTER PARK, FL 32792

SUBJECT: MCFADDEN ENTERPRISES, LLC

Ref. Number: W08000044081

We have received your document for MCFADDEN ENTERPRISES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 008A00051179

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: MCFAI	DDEN ENTERPR	RISES, LLC	
	(Name of Limi	ted Liability Company)	
	Organization and fee(s) are	-	
Please return all correspo	ondence concerning this man	tter to the following:	
WILLIAM E	. MCFADDEN		
•		(Name of Person)	
MCFADDE	EN ENTERPRISE	S,LLC	
		(Firm/Company)	
1807 PINE	VIEW CIRCLE		2008 SEC TALL
		(Address)	超名
WINTER F	PARK, FLORIDA	32792	30 TARY ASSE
	(Ci	ty/State and Zip Code)	THE D
For further information c	oncerning this matter, pleas	e call:	1: 10 STATE ORIDA
WILLIAM E. MO	CFADDEN	at (321) 303-3672	2
(Name o	of Person)	(Area Code & Daytime Telep	phone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
W. E. MCFADDEN ENTERPRISES, 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 pr	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
WILLIAM E. MCFADDEN 1807 PINEVIEW CIRCLE WINTER PARK, FLORIDA 32792 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another				
The name and the Florida street address of the re					
William E. Name	AR S				
1807 PINEVIEW CIR	CLE ASSE				
	ress (P.O. Box NOT acceptable)				
WINTER PARK, FLC	- Signal -				
City, State, a	DF 10				
liability company at the place designated in the registered agent and agree to act in this capacity	scept service of process for the above stated limited his certificate, I hereby accept the appointment as i. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and				

Villiam E. Mc Fodden

Registered Agent's Signature (RECUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	WILLIAM E. MCFADDEN	
	1807 PINEVIEW CIRCLE	
	WINTER PARK, FLORIDA 32792	
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(1)	FEST :	
(Use attachment if necessary)	RATE TO	
IF V. Effective date if other than th	ne data of filings SEPTEMBER 20 2008 PORTIONAL	

ARTICLE V: Effective date, if other than the date of filing: <u>SEPTEMBER 20,2008 (OPTIONAL)</u> (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.)

REQUIRED SIGNATURE:

William E. Mc Fadden

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.)

WILLIAM E. MCFADDEN

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)