

L080000 94736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

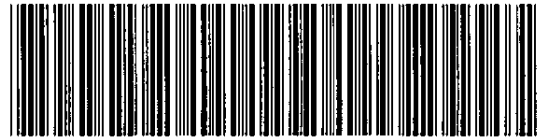
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/06/08--01023--002 **130.00

Effective Date 10/2/08

FILED
2008 OCT - 6 A 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. HAMPTON
OCT - 7 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charles W. McCranie, II, a Limited Liability Company
(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:

Charles W. McCranie, II
(Name of Person)

Charles W. McCranie, II, a Limited Liability Company
(Firm/Company)

13790 NW Jeff Fowler Road
(Address)

Altamonte, FL 32421
(City/State and Zip Code)

For further information concerning this matter, please call:

Ida B. McChellan at (850) 447-4208
(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

October 3, 2008

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

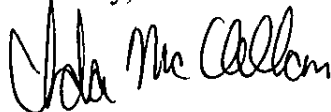
To Whom It May Concern:

Enclosed please find the completed application for Charles W. McCranie, II, to establish his limited liability company. Also, enclosed is a money order in the amount of \$130.00 for the filing fee and certificate of status.

Please direct all correspondence to Mr. McCranie at 15790 NW Jeff Fowler Road, Altha, FL 32421.

I appreciate your help with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ida McClellan". The signature is fluid and cursive, with the first name "Ida" being more prominent.

Ida McClellan

Enclosures

Effective Date

10/2/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Charles W. McCranie, II, a Limited Liability Company

(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:

15790 NW Jeff Fowler Road
Altamonte, FL 32421

15790 NW Jeff Fowler Road
Altamonte, FL 32421

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:

James Rogers LLC
Name

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

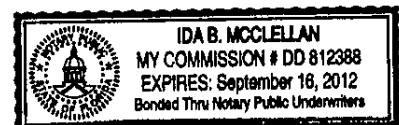
Hawthorne FL 32333
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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.

James Rogers
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:

Manager

Charles W. McGraw, II
15790 NW Jeff Fowler Road
Altamonte Springs, FL 32421

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/2/08 (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.)

REQUIRED SIGNATURE:

Charles W. McGraw, II
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.)

Charles W. McGraw, II
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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)

