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Office Use Only

EFFECTIVE DATE 10 20 08



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SECRETARY OF STATE

SALL AHASSEF FI OPIDA

D. BRUCE

OCT 27 2008

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: DAN MCAULEY L.L.C. (Name of Limited Inability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAN MCAUley	
(Name of Person)	
DAN MCAULEY LILIC. (Firm/Company)	
(Firm/Company)	
1908 LIVINGSTONE STREET, SEE S	-71
(Address)	=
SARASOTA, FLORIDA 34231	(ED
(City/State and Zip Code)	
(City/State and Zip Code) For further information concerning this matter, please call:)
DAN MCAULEY at (941) 966-8885 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	J
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 OUER NIGHT Buy MQ AT Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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 (REQUIRED)

EFFECTIVE DATE 10 20 08

ARTICLE I - Name:

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	Da (Mar 1)	
MGR	1908 LIVINGSTONE 157.	
	SARASO 14, FLORIDA 34231	
		
(Use attachment if necessary)		
(Use attachment if necessary) CLE V: Effective date, if other tha	n the date of filing: October 20th, 2008. (OPTIONAL)	
CLE V: Effective date, if other tha	n the date of filing: October 20th, 2008. (OPTIONAL) ust be specific and cannot be more than five business days pr	io
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CLE V: Effective date, if other that effective date is listed, the date me to days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days pr	io
CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE: Signature of a maccordance were	ember or an authorized representative of a member.	1i0
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)