

LO9000006575

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000014499 3)))



H080000144993ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305)634-3694
 Fax Number : (305)633-9696

FILED
 09 JAN 21 AM 8:10
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

mcnamara's band, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
 09 JAN 21 PM 4:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

③

FILED
H09000014499
09 JAN 21 AM 8:10

**ARTICLES
OF
ORGANIZATION
MCNAMARA'S BAND, LLC**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLE I
Name**

The name of the limited liability Company shall is MCNAMARA'S BAND, LLC, ("company").

**ARTICLE II
Address**

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

Principal Office Address:
529 Lake Murex Circle
Sanibel, Florida 3397

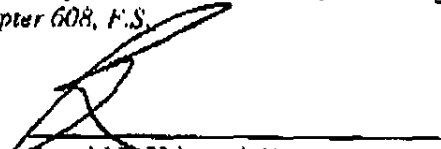
Mailing Address:
529 Lake Murex Circle
Sanibel, Florida 3397

**ARTICLE III
Registered Agent, Registered Office, & Registered Agent's Signature**

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

Ronald S. Urkovich Esq.
2323 Wooster Lane, Suite 3
Sanibel, FL 33957

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.


Ronald S. Urkovich Esq.

H09000014499

H09000014499

**ARTICLE IV
Managers or Managing Members**

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

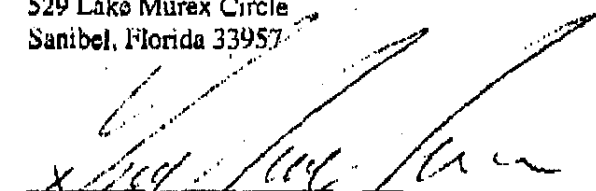
MGR

Thomas McNamara
529 Lake Murex Circle
Sanibel, Florida 33957

MGR

Teresa McNamara
529 Lake Murex Circle
Sanibel, Florida 33957

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.)

Thomas McNamara

Typed or printed name of signee

Prepared by/return to:
Ronald S. Urkovich Esq.
2323 Worcester Lane #3
Sanibel, Florida 33957

FILED
09 JAN 21 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H09000014499