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| Special Instructions to | Filing Officer: | | |
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EXAMINER



COVER LETTER

| TO: Registration Division of C | Section Corporations | | • |
|--|---|--------------------------------------|--|
| SUBJECT: | Maclin | d Development | LLC |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please return all corre | spondence concerning this mat | ter to the following: | s 200 % |
| | Day | | PEG E |
| | DO | uglas W Wanroy Name of Person | |
| | | Name of Person | A Section 13 |
| | Maclin | d Development LL | LE C |
| | | Firm/Company | To Take |
| | 5 | 511 Almar Dr. | F |
| ************************************** | | Address | |
| | Punta | a Gorda, FL 33950 | |
| | Ci | ty/State and Zip Code | |
| | macli | nd40@comcast.ne | EFFECTIVE DATE 8 110 |
| | E-mail address: (to be used | for future annual report no | tification) |
| For further information | n concerning this matter, pleas | e call: | |
| Doug | las W Wanroy | _ at (941) | 833-4775 |
| Nam | ne of Person | Area Code & D | aytime Telephone Number |
| Enclosed is a check | for the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fe Certified Copy | ee & []\$160.00 Filing Fee, Certificate of Status & |
| | | (additional copy is en | nclosed) Certified Copy (additional copy is enclosed) |
| | Mailing Address | Street/Courie | |
| | Registration Section | Registration So | |
| | Division of Corporations P.O. Box 6327 | Division of Co Clifton Buildi | |
| | Tallahassee, FL 32314 | | ve Center Circle |
| , | | Tallahassee, F | FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | |
|---|---|-----------------------------|--|--|--|
| The name of the Limited Liability (| Company is: | | | | |
| Maclind Development LLC | | | | | |
| (Must end with the words | "Limited Liability Company," "L.L.C.," or "L | LLC.") | | | |
| ARTICLE II - Address: | | | | | |
| The mailing address and street addr | ess of the principal office of the Li | mited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 5511 Almar Dr. | 5511 Almar Dr. | (| | | |
| Punta Gorda, FL 33950 | Punta Gorda, FL 3 | XIIIVI- | | | |
| ARTICLE III - Registered Agent (The Limited Liability Company cannot serve a business entity with an active Florida registrat | , Registered Office, & Registered as its own Registered Agent. You must designate | | | | |
| The name and the Florida street add | lress of the registered agent are: | ALCONO P | | | |
| 1 | Douglas W Wanroy | 表示一 | | | |
| | Name | SSEE SSEE | | | |
| | 5511 Almar Dr. | AM IO: 45 | | | |
| Florida stree | t address (P.O. Box <u>NOT</u> acceptable) | 一 | | | |
| Punta Gorda | , FL 33950 _{FL} | 9 ° | | | |
| | City, State, and Zip | - E. | | | |
| | | | | | |

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)

(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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Memb | per |
| Manager | Douglas W Wanroy 5511 Almar Dr. |
| | Punta Gorda, FL 33950 |
| | |
| | |
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| | |
| | |
| (Use attachment if necessary) | |
| | than the date of filing: 8-1-09 (OPTIONAL) |
| If an effective date is listed, the date to or 90 days after the date of filing.) | must be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| <u> </u> | 2 W Wan |
| Signature of | a member or an authorized representative of a member. |
| of this docun | re with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury stated herein are true.) |
| | Douglas W. Wanroy |
| Filing Fees: | Typed or printed name of signee |
| rinug rees. | |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)