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SECRETARY OF STATES
TALLAHASSEE, FLORIDA

B. KOHR

JUL 2 2 2009

EXAMINER

COVER LETTER

TO: Registration of	n Section Corporations		
SUBJECT:		ARDLE LL Liability Company	<u>-C</u>
The enclosed Article	s of Organization and fee(s) are sub		III 69 JIII
Please return all corr	espondence concerning this matter	to the following:	12000000000000000000000000000000000000
	Ann Mc	Ardle	SSEE
	Ann Mc	Ardle LLC	CONT. 1.3
		irm/Company <u>hurst Blue</u> Address	FECTIVE DATE 7/15/0
	Sarasota	FL 343	33
	ameardle	omcast. ne future annual report notification)	
For further informati	on concerning this matter, please ca	ill:	
An	McArdle a	t (941) 379 · Area Code & Daytime Te	-368/
Enclosed is a check	for the following amount:		
▼\$125.00 Filing Fe	**E \$\int \\$130.00 \text{ 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Ann McArdle L	inited hiability Company
(Must end with the words "Limited Liabilit	:y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address: 3907 Oakhurst Blud.	Mailing Address: Same EFFECTIVE DATE 7/15/1
34233	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remainder of the r	ered Agent. You must designate an individual or another
3907 Oakhur Florida street address (P.O. I	-st Blvd. Box NOT acceptable) SSST OF THE STATE OF THE
Sarasota City, State, and	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.
Chimbria	eliede-

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 Member MGRM" = Managing Member	Ann Mc Ardle 3907 Oakhurst Blvd. Sarasota, Florida 34233
(Use attachment if necessary) ETICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: <u>7-15-09</u> . (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of periury
Filing Fees: \$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional)	- · ·

\$ 5.00 Certificate of Status (Optional)