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T. CLINE

SEP 23 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: McQuade Family, LLC  
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:

Julie Ann Garber, Esq.  
Name of Person

The Andersen Firm, P.C.  
Firm/Company

1010 Kennedy Drive, Suite 201  
Address

Key West, FL 33040  
City/State and Zip Code

tammy.mcquade@ubs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Ann Garber, Esq. at ( 305 ) 296-8480  
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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
MCQUADE FAMILY, LLC**

THE UNDERSIGNED, acting as the organizer of MCQUADE FAMILY, LLC ("Company"), a limited liability company organized pursuant to Section 608.407 of the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization for the Company:

**ARTICLE I – Name**

The name of the Limited Liability Company is MCQUADE FAMILY, LLC.

**ARTICLE II – Address**

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

**Principal Office Address:**

6657 Willow Lake Circle  
Ft. Myers, FL 33966

**Mailing Address:**

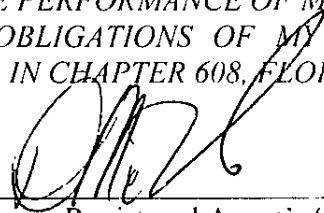
6657 Willow Lake Circle  
Ft. Myers, FL 33966

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

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

David L. McQuade  
6657 Willow Lake Circle  
Ft. Myers, FL 33966

*HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE, OFFICE, AND PLACE 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, FLORIDA STATUTES.*



Registered Agent's Signature – David L. McQuade

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