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S. HAWKES

JAN 8 2010

EXAMINER

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: MCVAY'S NOTICE LLC
	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
_	GARY R. MCVAY Name of Person
	MCVAY'S NOTICE LLC Firm/Company
	Firm/Company
	1470 N.E. 123 REET, PH-7
	Address
	N. MIAMI, FL 33161 City/State and Zip Code
	Gary - mcuay & yahoo. Com E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
<u>4a</u>	RY MCVAY at (305) 970-6064 Name of Person Area Code & Daytime Telephone Number
Enclosed	l is a check for the following amount:
\$125.00	Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	any is:
MCVAY'S NOTICE	LLC SEE
(Must end with the words "Limite	ed Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MCVAY'S NOTICE LLC 1470 N.E. 123-2 ST. PH-7 N. M. AM. F. 33161	MCVAY'S NOTICE LLC 1470 N.E. 123-2 ST, PH-7 N. MI AMILEL 33161

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LARY R. MCVA	4				
Name					
1470 N.E. 123.	A STREET PH-7				
Florida street address (P.O. Box NOT acceptable)					
N. MI AMI	FL 33161_				
City, State, and	d Zip				

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 (REQNIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address	s of each Manager or Managing Me	ember is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managir	Name and Ad	ldress:	
MGRM	GARY I 1475 N N.MIAM	R. MCVAY LE. 123 nd STREET, PH-7	
		10 JAN -6 SECSETATIVE ALLAHASSE	<u> </u>
·		6 PHI: 51	LED
(Use attachment if no	ecessary)		
ICLE V: Effective date a effective date is listed, 90 days after the date of	the date must be specific and canno	. (OPTIONAL) ot be more than five business days pr	ior
REQUIRED SIGNA	TURE: On the Company of a magnificency of a mag	presentative of a member.	
(in of	accordance with section 608.408(3), Florid this document constitutes an affirmation ur the facts stated herein are true.)	da Statutes, the execution nder the penalties of perjury	
Filing Fees:	Typed or printed name of	'signee	

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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)