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SECRETARY OF STATE TAIL AHASSEE, FLORID.

D. BRUCE
JAN 1 2 2010
EXAMINER

### COVER LETTER

TO:

Registration Section

**Division of Corporations** Curtis McGown, LLC SUBJECT: 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: Curtis McGown Name of Person Curtis McGown, LLC Firm/Company 3424 Gerber Daisy Lane Address Oviedo, FL 32766 City/State and Zip Code curtismcgown@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Curtis McGown Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **✓**\$125.00 Filing Fee **☐**\$130.00 Filing Fee & \$155.00 Filing Fee & **\$160.00** Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	imited Liability Com	pany is:	
(M		McGown, LLC ited Liability Company," "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - A	ddress:		
The mailing addre	ss and street address	of the principal office of the Limite	d Liability Company is:
Principal Office	Address:	Mailing Address:	
3424 Gerber Da Oviedo, FL 327		3424 Gerber Daisy Lar Oviedo, FL 32766	ne
(The Limited Liability C business entity with an	Company cannot serve as its of active Florida registration.) Florida street address	gistered Office, & Registered Age own Registered Agent. You must designate an of the registered agent are:	
		urtis McGown Name	AR S
		Gerber Daisy Lane	N I I TARY
	Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	## <b># 17</b>
	Oviedo, FL 32	2766 <sub>FL</sub>	OF STA
	City	, State, and Zip	ATE RIO
liability compa registered agent a statutes relating	my at the place design and agree to act in this to the proper and com	and to accept service of process for ated in this certificate, I hereby acce capacity. I further agree to comply aplete performance of my duties, and as registered agent as provided for	the above stated limited pt the appointment as with the provisions of all I am familiar with and

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:

Typed or printed name of signee	Title:		Name and Address:	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		_		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGRM		Curtis McGown	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			3424 Gerber Daisy Lane	
CLE V: Effective date, if other than the date of filing:			Oviedo, FL 32766	
CLE V: Effective date, if other than the date of filing:				<del></del>
CLE V: Effective date, if other than the date of filing:				***************************************
CLE V: Effective date, if other than the date of filing:	<del>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del></del>		
CLE V: Effective date, if other than the date of filing:				-
CLE V: Effective date, if other than the date of filing:		<del></del>		
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.)  Curtis McGown  Typed or printed name of signee	(Use attachmen	nt if necessary)	*** · · · · · · · · · · · · · · · · · ·	
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.)  Curtis McGown  Typed or printed name of signee	CLE V: Effectiv	ve date, if other than the da	ate of filing:	OPTIONAL)
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.)  Curtis McGown  Typed or printed name of signee	- CC - 45 3 - 4 - 5 - 5	listed, the date must be s	pecific and cannot be more than five bu	siness days prio
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.)  Curtis McGown  Typed or printed name of signee		date of filing )		
(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.)  Curtis McGown  Typed or printed name of signee	0 days after the	0,		
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Curtis McGown  Typed or printed name of signee	0 days after the	0,	Ju Som	10 . SECI
Curtis McGown Typed or printed name of signee	00 days after the	SIGNATURE:	r an authorized representative of a member.	10 JAN SECREI
Typed or printed name of signce	0 days after the	Signature of a member of this document constitu	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury	
Filing Fees:	0 days after the	Signature of a member of this document constitu	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury n are true.)	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)