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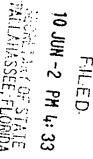
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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S. HAWKES

JUN 0 4 2010

EXAMINER

## **COVER LETTER**

	on Section f Corporations	
SUBJECT: McP	herson Family Partners LL	·· <del>···································</del>
	Name of Limit	ted Liability Company
The enclosed Artic	es of Organization and fee(s) are	submitted for filing.
Please return all con	respondence concerning this mat	ter to the following:
Robert C.	McPherson III	
		Name of Person
McPherso	n Family Partners LLC	
		Firm/Company
1022 Bel /	Air Drive	
		Address
Highland I	Beach, Florida 33487	
	Ci	ty/State and Zip Code
rm2357@	hotmail.com	5.6.1
	E-mail address: (to be used	for future annual report notification)
For further informa	tion concerning this matter, pleas	e call:
Robert C. McPh	erson III	at (832 ) 623-0097
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
□\$125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	, <b>%</b>
McPherson Family Partners LLC	र्ज सुन्
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ا منظم المنظم المنظ المنظم المنظم المنظ
The mailing address and street address of the prin	ncipal office of the Limited Liability Company
	The state of the s
Principal Office Address:	Mailing Address:
1022 Bel Air Drive	1022 Bel Air Drive
Highland Beach, Florida 33487	Highland Beach, Florida 33487
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 registration.	red Agent. You must designate an individual or another
·	Property #8-111 min.
Robert C. McPherson III	
Name	
1022 Bel Air Drive	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Highland Beach	FL 33487
City, State	e, and Zip
T	scept service of process for the above stated limited is certificate, I hereby accept the appointment as

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

<u>Title:</u>		Name and Address:
"MGR" = Mana	ager	
"MGRM" = Ma	inaging Member	Ÿ.
MGRM		Robert C. McPherson III
IVIGITIVI		1022 Bel Air Drive
		Highland Beach, Florida 33487
MGRM		Stacy N. McPherson
	<del></del>	1022 Bel Air Drive
		Highland Beach, Florida 33487
		· · · · · · · · · · · · · · · · · · ·
(Use attachmen	t if necessary)	
	e date, if other than the isted, the date must b date of filing.)  IGNATURE:  Signature of a member	e date of filing: June 1, 2010  e specific and cannot be more than five business of the control
LE V: Effective fective date is lid	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a member (In accordance with see	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution intuitives an affirmation under the penalties of perjury
LE V: Effective fective date is lid	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a member of this document const that the facts stated her Robert C. McPherson	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)

Page 2 of 2

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