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(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
	
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
, (Do	ocument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

AUG -9 2010

EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration Division of C			
SUBJ	ест: <u>Ма</u>		RCIAL INTERIORS, L.L.C. ed Liability Company	
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	spondence concerning this mat	ter to the following:	
	Wendy W.	MacKinnon		
			Name of Person	
				2910 TAL
			Firm/Company	ALL AHA
	14 Zachari	as Pl.		852 6
	D. (: -	Address	PR PR
	Palm Coas	t, FL 32164	ay/State and Zin Code	251
	RWMACC	OM@GMAIL.COM	y/State and Zip Code	Or N
		E-mail address: (to be used to	for future annual report notification)	
For fu	rther information	n concerning this matter, please	e call:	
Wen	dy W. Mac	Kinnon e of Person	ar (386) 313-1456 Area Code & Daytime Telephone	Number
,		for the following amount:		
\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, difficate of Status & diffied Copy ditional 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

A	\mathbf{R}	Т	ľ	C	L	E	I	_	N	a	m	e:
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The name of the Limited Liability Company is:

Mackinnon commercial interiors, L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

	Transling Teach Cost	
WENDY W. MacKINNON	14 Zacharias Pl., Palm Coast, FL 32164	
RODERICK E. MacKINNON	14 Zacharias Pl., Palm Coast, FL 32164	
	<u></u>	2
ARTICLE III - Registered Agent, Registred Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual of another the registered agent are:	2810 AUG - 6
Wendy W. MacKi	in the state of th	
	Name	5
14 Zacharias Pl.	CD CY	1 60
Florida st	treet address (P.O. Box NOT acceptable)	
Palm Coast	Fr 32164	

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..

City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	
WOIT	Wendy W. MacKinnon
	14 Zacharias Pl.
	Palm Coast, FL 32164
MGRM	Roderick E. MacKinnon, Jr.
	ers't
	D-In Coast 51 20104
	Palm Coast, FL 32164
•	
(Use attachment if necessary) CTICLE V: Effective date, if other an effective date is listed, the date or 90 days after the date of filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	Varlation
	a member or an authorized representative of a member.
of this docum	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)
<i>μ</i>	Typedor printed name of signee
Filing Fees:	

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

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