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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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, COVER LETTER

TO:

Registration Section . Division of Corporations

SUBJECT: M.C.S. CONSULTING	L.L.C.
	d Liability Company
The enclosed Articles of Organization and fee(s) are s	-
Please return all correspondence concerning this matter	er to the following:
Robert L. McFarland	
	Name of Person
MCFARLAND CONSTRU	CTION SERVICES CONSULTING
	Firm/Company
3355 ROYAL CANADIAN T	RCE SUITE 3
	Address
FORT MYERS, FL. 33907	
•	/State and Zip Code
MCSConsultingLLC@gmail.com	or future annual report notification)
For further information concerning this matter, please	•
For facility information concerning this matter, please	can.
Robert L. McFarland	at (949) 412-5306
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times\$ Certificate of Status	\$155.00 Filing Fee &
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

Modified Originals Please Refer to File Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	rici	Æ I	_ N	ame:
$\Delta \mathbf{n}$		4E-1	- 17	allic.

The name of the Limited Liability Company is:

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

3355 ROYAL CANADIAN TRCE	3355 ROYAL CANADIAN TRCE
SUITE 3	SUITE 3
FORT MYERS , FL. 33907	FORT MYERS, FL. 33907

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:	A는 3
Robert L. McFarland	<u> </u>
Name	A C U
3355 ROYAL CANADIAN TRCE SUITE 3	EC-1
Florida street address (P.O. Box NOT acceptable)	E P III
FORT MYERS _{FL} 33907	SIA:
City, State, and 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

"MGR"	Robert L. McFarland
	3355 ROYAL CANADIAN TRCE SUITE 3
	FORT MYERS, FL 33907
•	
Use attachment if necessary)	•
obe attachmicht if moodsom y)	

REQUIRED SIGNATURE:

Signature of a member open 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert L. McFarland

Typed or 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)