L11000005976

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Malkela			

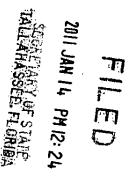




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TAIL JAN 14 PM 12: 04
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OF STA



COVER LETTER

TO: Registration of Division of	on Section f Corporations			
SUBJECT: McC	Cloud Advisors LL0			
	Name of Limi	ted Liability Company		
The enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please return all cor	respondence concerning this man	ter to the following:		
CLAUE	DIUS MUNDOMA			
		Name of Person		
		Firm/Company		
813 Jei	tty Ave,			
		Address		
QUINCY	, FL 32351			
	Cì	ty/State and Zip Code	15 15 15 15 15 15 15 15 15 15 15 15 15 1	
CLAUDIC	JS@mccloudadvisors.c	for future annual report notification)		- :-
For further informat	ion concerning this matter, pleas	•	JAN 14	F
Claudius Mun	doma	at (850) 980-6666	PS PS	11
Na	me of Person	Area Code & Daytime Telephone Number	PH 12: 24	· ·
Enclosed is a check	k for the following amount:			•
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &	
	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

McCloud Advisors LLC (Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")		-	
	mod Elasini, company, E.E.C., or Elec.			
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited	Liability (Compa	ınv is:
Principal Office Address:	Mailing Address:	•	1	,
Timeipar Office Address.	Maining Address:			
813 Jetty Ave,	Box 20374		_	
QUINCY, FL 32351	Tallahassee, FL 32316		_	
USA	USA		-	
ARTICLE III - Registered Agent, Ro (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an inc	t's Signat	NAC Edition	्या
The name and the Florida street addres		ASSEE	F	
The name and the Florida street addres Claudius Mundo	oma	ASSEE FI	F	m
	oma Name	TARY OF STATE ASSEE FLORID	F	
Claudius Mundo	oma Name	TARY OF STATE ASSEC FLORIDA	N 14 PH 12: 24	
Claudius Mundo	Name /e, a street address (P.O. Box NOT acceptable)	ASSEE FLORIDA	F	
Claudius Mundo 813 Jetty Av	oma Name /e,	TARY OF STATE	F	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"MGR" = Manager "MGRM" = Managing Member			
MGRM	Claudius Mundoma 813 Jetty Ave, QUINCY, FL 32351	- 	
		- -	
		2011 JAN 14	M
	True True True True True True True True	~	
(Use attachment if necessary)		PH 12: 24	
TICLE V: Effective date, if other that	an the date of filing: <u>January</u> , 16, 2011 (OPTIC tust be specific and cannot be more than five business	ONAL) days p	rior
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. 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.)

CLAUDIUS MUNDOMA

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)