# Figure 6 State Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000043264 3)))



H110000432643ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: J mmc@hotmail.com

MECEIVED

TIFEBIT PH 3: 45

SECRETARY OF STATE

### FLORIDA LIMITED LIABILITY CO.

JM McConville LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help T. HAMPTON

FEB 1 8 2011

EXAMINER

\*-

### FAX AUDIT # H11000043264 3

## ARTICLES OF ORGANIZATION OF JM McConville LLC

**ARTICLE I** 

NAME

The name of the limited liability company shall be: JM McConville LLC

**ARTICLE II** 

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1 Harbourside Drive Apt 2310, Delray Beach, Florida 33483.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

**ARTICLE IV** 

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

J Michael Mcconville, 1 Harbourside Drive Apt 2310, Delray Beach, Florida 33483

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: February 17, 2011

WI 53717

Market

608-827-5300

FAX AUDIT # H11000043264 3

SECRETARY OF STATE DIVISION OF CORPORATIONS

#### FAX AUDIT # H11000043264 3

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: JM McConville LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Mark Williams, A.V.P. Business Filings Incorporated

Date: February 17, 2011