

# L11000025586



Ciara McGrattan  
13300 S. Cleveland Ave. Ste 56no317  
Fort Myers, FL 33907-3886



(Address)

(City/State/Zip/Phone #)

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2/25/2011

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11 FEB 28 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 1 2011

# CIARA MCGRATTAN

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

February 25, 2011

Ref:           Forming "Pairc An Avon, LLC"

Dear Sir/ Madam

Enclosed, please find the completed Articles of Organization, a check for \$125, for the above referenced company. If you require any additional information please do no hesitate in contacting me, my number (239) 565-7077, or email [rmcgici@aol.com](mailto:rmcgici@aol.com)

Thank you in advance for processing my request.  
Sincerely,



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE  
2/25/2011

Pairc An Avon, LLC.

(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:

13300 S Cleveland Ave

Ste 56, No 317

Fort Myers, FL 33907

### Mailing Address:

13300 S Cleveland Ave

Ste 56, No 317

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:

Ciara McGrattan

Name

15841 Grey Friars Court

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

FL 33912

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Ciara McGrattan

13300 S Cleveland Ave, Ste 56, No 317

Fort Myers, FL 33907

MGR

Mary McGrattan

13300 S Cleveland Ave, Ste 56, No 317

Fort Myers, FL 33907

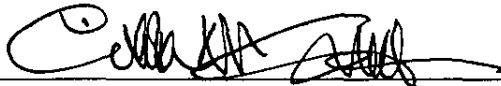
 

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 25th, 2011. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

**CIARA McGRATTAN**

Typed or printed name of signer

**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)**