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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN - 8 AM 9:44

FILED

C. LEWIS
JUN 9 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2011

MICHAEL CREMEANS
376 SEAHORSE TERRACE
FORT PIERCE, FL 34982

SUBJECT: MC CONSULTANTS LLC.
Ref. Number: W11000025373

*Michael Cremeans LLC
6-9-11*

We have received your document for MC CONSULTANTS LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F04000003301 "MC CONSULTANTS, INC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 011A00011219

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~MG CONSULTANTS LLC.~~ Michael Cremeans LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL CREMEANS

Name of Person

Michael Cremeans
MG CONSULTANTS LLC.

Firm/Company

376 SEAHORSE TERRACE

Address

FORT PIERCE, FL. 34982

City/State and Zip Code

michaelcremeans@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL CREMEANS

Name of Person

at 727

505-8113

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL CREMEANS 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:

376 SEAHORSE TERRACE
FORT PIERCE, FL. 34982

Mailing Address:

376 SEAHORSE TERRACE
FORT PIERCE, FL 34982

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:

MICHAEL CREMEANS

Name

376 SEAHORSE TERRACE

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

FORT PIERCE, FL. 34982

FL

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Michael Cremeans
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:

MGR

MICHAEL CREMEANS

376 SEAHORSE TERRACE

FORT PIERCE, FL. 34982

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

MICHAEL CREMEANS

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)

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TALLAHASSEE, FLORIDA