

L11000088050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL 29 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Aug 1 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2011

SHARON MCCULLARS / MAC-ONE
5201 E. BUSCH BLVD.
TAMPA, FL 33617

SUBJECT: MAC-ONE LLC
Ref. Number: W11000039406

We have received your document for MAC-ONE LLC and your check(s) totaling \$160.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00017747

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAC-ONE 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:

SHARON McCULLARS

Name of Person

MAC-ONE

Firm/Company

5201 EAST BUSCH BLVD

Address

TAMPA, FLORIDA 33617

City/State and Zip Code

SHARONMCCULLARS1@AOL.COM

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

For further information concerning this matter, please call:

SHARON McCULLARS

Name of Person

at (**813**) **988-0522**

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

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2011 JUL 29 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sharon McCullars / Mac-One
MCCULLARS JEWELRY COMPANY
5201 E. BUSCH BLVD.
TAMPA, FLORIDA 33617
PHONE: 813-988-0522
FAX: 813-988-0505

February 30, 2011

Florida Department of State
Division of Corporations

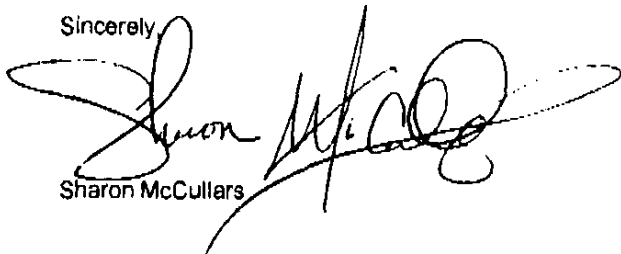
Attn: Carolyn Lewis
Regulatory Specialist II

REF: W11000039406
Subject: Mac-One LLC

Ms. Lewis,

In reference to your recent letter concerning my mac-one" name, I will not reinstate the name
Mac-One, Inc. in the future. I do release the name " Mac-One, Inc. ".
Thank you,

Sincerely,



Sharon McCullars

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAC-ONE 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:

5201 E. BUSCH BLVD
TAMPA, FLORIDA 33617

Mailing Address:

SAME AS PRINCIPAL

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:

SHARON McCULLARS

Name

8331 OLD TOWN DR

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

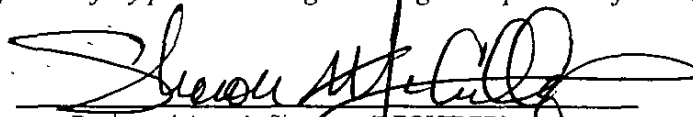
TAMPA

FL 33647

City, State, and Zip

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SECRETARY OF STATE
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)

FILED

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

The name and address of each Manager or Managing Member is as follows 2011 JUL 28 PM 2:24

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Sharon McCullars

8331 Old Town Dr

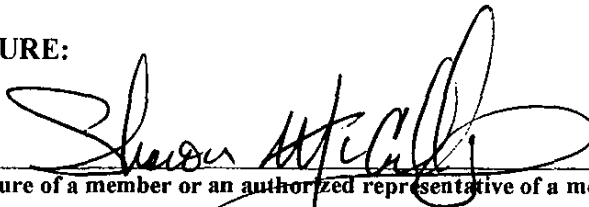
Tampa, FL 33647

(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.)

Sharon McCullars

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)