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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McRod South, L.L.C.

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:

KEITH A. SELDIN, ESQ.

Name of Person

LAW OFFICES OF KEITH A. SELDIN, P.A.

Firm/Company

1934 COMMERCE LANE, SUITE 2

Address

JUPITER, FLORIDA 33458

City/State and Zip Code

kseldin@bellsouth.net

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

For further information concerning this matter, please call:

KEITH A. SELDIN, ESQ.

Name of Person

at (561) 747-3000

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 OF
McRod South, L.L.C.
a Florida Limited Liability Company**

ARTICLE I – Name:

The name of the Limited Liability Company shall be: **McRod South, L.L.C.**

ARTICLE II – Period of Duration:

The period of duration of this Limited Liability Company shall be perpetual.

ARTICLE III – Address:

The mailing address and the street address of the principal office of the Limited Liability Company is: 18137 S.E. Federal Highway, Tequesta, FL 33469

ARTICLE IV – Registered Agent, Registered Office and Registered Agent's Signature:

The name and Florida street address of the Limited Liability Company's registered agent is:

Keith A. Seldin, Esq.
1934 Commerce Lane, Suite 2
Jupiter, Florida 33458

Having been named a registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept 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.



Keith A. Seldin, Registered Agent

ARTICLE V – Management:

The Limited Liability Company shall be managed by one or more managers and is, therefore, a manager – managed company.

The names and addresses of the initial managers who shall serve until the first annual meeting of members, or until their successors are elected and qualify, are as follows:

- 1) Bruce A. McKee - Managing Member
18137 S.E. Federal Highway
Tequesta, FL 33469
- 2) Teresa M. McKee - Managing Member
18137 S.E. Federal Highway
Tequesta, FL 33469

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Article VI – Initial Members:

This Limited Liability Company shall initially have at least two (2) members. The names, addresses, the amount of cash contributions, a description and agreed value of the property other than cash contributed by the members, and the amount anticipated to be contributed by the members, is as follows:

1. Bruce A. McKee
18137 S.E. Federal Highway
Tequesta, FL 33469

Initial Contribution (Cash and Services): \$750.00

2. Teresa M. McKee
18137 S.E. Federal Highway
Tequesta, FL 33469

Initial Contribution (Cash and Services): \$750.00

Article VII – Effective Date, if other than the date of filing: January 1, 2012.

(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.)



Signature of a member or an authorized
representative of a member.

BRUCE A. McKEE

Typed or printed name of Signee

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 21st day of December, 2011, by BRUCE A. McKEE, who provided a Driver's License as identification and who did take an oath.



Notary Public – State of Florida
My commission expires:

