L1200000 4618

Office Use Only



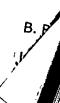
400216101484

400216101484 01/10/12--01006--001 **** } ; ;

01/10/12--01006--001 **160.00

EFFECTIVE DATE 01 - 02-2012

12 JAN -9 PM 6: 30



COVER LETTER

TO: Registration S Division of Co					
_{SUBJECT:} McDa	vid Wealth Mana			_C	
	Name of Limi	ted Liability Compa	iny		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	3 .		
Please return all corresp	ondence concerning this ma	tter to the following	;:		
William F	- McDavid				
		Name of Person			
		Firm/Company			
4711 NW	53rd Avenue				
		Address		FALI	12
Gainesville, Florida 32653					12 JAN
City/State and Zip Code					9 .
mcdavidco@aol.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					က် လံ ့
William F McDav	vid	at (352	373-1080	DE A	0
Name	of Person	Area Code	& Daytime Telep	hone Number	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &
	Mailing Address Registration Section		on Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McDavid Wealth Management Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Duin sin al Office Address.

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address.

Mailing Address:			
4711 NW 53rd Avenue Gainesville, Florida 32653			
of the registered agent are:	ALL!	12	
d	100 mm 1		
Name			T Nº SELTEN
4711 NW 53rd Avenue			7
Florida street address (P.O. Box NOT acceptable)			چانسان این افزورسال ۱۰۰
_{FL} 32653	RID	ധ	
City, State, and Zip	➣		
	4711 NW 53rd Avenue Gainesville, Florida 32653 stered Office, & Registered Agent' on Registered Agent. You must designate an individed the registered agent are: d Name d Avenue reet address (P.O. Box NOT acceptable) FL 32653	stered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another the registered agent are: d Name d Avenue reet address (P.O. Box NOT acceptable) FL 32653	4711 NW 53rd Avenue Gainesville, Florida 32653 stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: d Name d Avenue reet address (P.O. Box NOT acceptable) FL 32653

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 (REOUIRED

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
MGRM	William F McDavid
	4711 NW 53rd Avenue
	Gainesville, Florida 32653
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the	han the date of filing: January 2, 2012 (OPTIONAL)
•	must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
REQUIRED SIGNATURE:	
MEQUINED SIGNATURE.	A Comment of the Comm
n lies	member or an authorized representative of a member.
Signature of a	member or an authorized representative of a member.
constitutes an affirmation	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State
	ee felony as provided for in s 817.155, E.S.)

William F McDavid

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)