L1200003032

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	·	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400219083444

01/26/12--01029--018 **130.00

T2 JAN 26 PM I2: 39

B. BOSTICK

JAN 27 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations					
SUBJECT: M. Corne	ell and Associates, LLC.					
SUBJECT.	Name of Limited	Liability Compa	any		- <u>-</u>	-,
The enclosed Articles of	Organization and fee(s) are sul	omitted for filing	g. 、		**************************************	
Please return all correspondence	ondence concerning this matter	to the following	; :			
McHenry Cor			<u> </u>			
	. N	ame of Person				
M. Cornell at	nd Associates, LLC.					
	F	irm/Company				
6231 PGA B	lvd, Suite 104-171					
***		Address		ALL SEL	12	_
Palm Beach 0	Gardens, Fl. 33418			AHA	JAN	**************************************
	City/S	State and Zip Code		Sign of the second seco	<u></u>	
mchenry.com	ell@yahoo.com			m _s	P	- 1 1 2 2 2
For further information of	E-mail address: (to be used for concerning this matter, please concerning this matter).	•	ort notification)	S FALE LORIDA	PM 12: 39	, men
McHenry Cornell,	a	786	229-2476		_	
Name o	f Person	Area Code	& Daytime Telepho	one Number		
\$125.00 Filing Fee	the following amount: \$130.00 Filing Fee & Certificate of Status	\$155,00 Filin Certified Co		\$160.00 Filing Certificate of S		હ
1/23/10		(additional copy	y is enclosed)	Certified Copy (additional copy is		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporations duilding ecutive Center Circ see, FL 32301	cle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
M. Cornell and Associates, LLC.		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
6231 PGA Blvd, Suite 104-171 Palm Beach Gardens, FL 33418	6231 PGA Blvd, Suite 10 Palm Beach Gardens, Fl	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	12. RALL
McHenry Cornell, Jr.		TIL JAN 26 LAHASS
Name		house of trans.
6231 PGA Blvd, Suite 104	-171	Ho P I
	ress (P.O. Box NOT acceptable)	PH 12: 39 OF STATE
Palm Beach Gardens	_{FL} 33418	39

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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 "MGRM" = Managing Member	Name and Address:
MGRM McHenry Cornell, Jr.	6231 PGA Blvd, Suite 104-171 Palm Beach Gardens, FL. 33418
•	<u>→</u>
	Z JAN 28 IIII
(Use attachment if necessary)	FLORIDA
ICLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business days

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.)

McHenry Cornell, Jr.

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)