L12-00014773

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(220,1000 2100, 1000)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400220059264

02/01/12--01001--001 **130.00

12 JAN 31 PM 3: 20

T. CLINE
JAN 3 1 2012
EXAMINER

12 JAN 31 PM 3-3

COVER LETTER

Division of Cor						
SUBJECT: Janice	McFarland Cont	rol, LLC				
50202011 <u></u>		d Liability Comp	any			
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filin	ng.			
Please return all correspo	ndence concerning this matte	r to the followin	g:			
Jason Wa						
	1	Name of Person				
Jason Wa	rshofsky, P.A.					
		Firm/Company				
2655 Leju	ene Road, Suite 3	304				
		Address				
Coral Gable	s, Florida 33134			Ž.	12	
mcfa	City Land Janice E-mail address: (to be used for	/State and Zip Cod			E KINT	
	oncerning this matter, please		,,		PH :	d g
Jason V/arshofsk	у	at (305) 446-1244		3 €37	2
Name of	f Person	Area Cod	le & Daytime Telep	hone Number		
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co	_	\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisior Clifton I	Courier Address tion Section of Corporations Building secutive Center Ci	irele		

Tallahassee, FL 32301

ARTICI ES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

I - who a file the whomat Cambrid	ue.	
Janice McFarland Control,	d Liability Company, "L.L.C.," or "LLC.")	
(May fild will the words Diffine	Company Salary Salary	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
280 Mu berry Circle	280 Mulberry Circle	
Crawfordville, Florida 32327	Crawfordville, Florida 32327	
	are Or	
	stered Office, & Registered Agent's Signature. n Registered Agent. You must designate an individual of mother and the registered agent are:	
(The Lin ited Liability Company cannot serve as its ow busines; entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:	
(The Lin ited Liability Company cannot serve as its ow busines; entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:	
(The Lin ited Liability Company cannot serve as its ow busines; entity with an active Florida registration.) The name and the Florida street address of Daniel Hartman	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:	
(The Lin ited Liability Company cannot serve as its ow busines; entity with an active Florida registration.) The name and the Florida street address of Daniel Hartman 207 West Par	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:	
(The Lin ited Liability Company cannot serve as its ow busines; entity with an active Florida registration.) The name and the Florida street address of Daniel Hartman 207 West Par	stered Office, & Registered Agent's Signature in Registered Agent. You must designate an individual or another fithe registered agent are: Name K Avenue, Suite A	

l'ability 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 stututes 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)

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:

MĞRM	Janice McFarland	 	-
	280 Mulberry Circle		-
	Crawfordville, Florida 32327		_
MGRM	Kristal Cassia McFarland		_
	280 Mulberry Circle		_
	Crawfordville, Florida 32327		_
			な
		<u> </u>	- 5
		- 121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 22: ယ
		- 20 5 5 5	
		कुछ न्त्र एट ८०	7
		20	 ديکا
		7.1.	تَ يَ
		<u> </u>	~
(Us: attachment if necessary)	w.	n :	
LE V: Effective date, if other than the	e date of filing:	. (OPTIC	ONA
fec live date is listed, the date must f days after the date of filing,)	pe specific and cannot be more than five l)usiness	day
37			

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.)

Tanice McFarland

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)