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EXAMINER





## **COVER LETTER**

TO: : Registration Section **Division of Corporations** McMahonImages, LLC SUBJECT: 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: Kevin McMahon Name of Person McMahonImages Firm/Company PO Box 141754 Address Gainesville, FL 32608 City/State and Zip Code kevin@mcmahonimages.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin McMahon Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$130.00 Filing Fee & \$125.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
McMahonImages, 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 Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
2800 SW Williston Rd	PO Box 141754	
Suite 131	Gainesville, FL 32608	
Gainesville, FL 32608		<del></del>
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Kevin McMahon		C. Michiel
1	Name	
2800 SW Williston Ro	d Suite 131	
	eet address (P.O. Box NOT acceptable)	
Gainesville	FL 32608	
C	ity, State, and Zip	
registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept the appacity. I further agree to comply with the	ppointment as provisions of all miliar with and
(CON	TINUED)	B T

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kevin McMahon 2800 SW Williston Rd Suite 131 Gainesville, FL 32608
(Use attachment if necessary)	
CLE V: Effective date, if other tha	an the date of filing: 2/10/12 (OPTIONAL ust be specific and cannot be more than five business day
CLE V: Effective date, if other that effective date is listed, the date mu	an the date of filing: 2/10/12 (OPTIONA ust be specific and cannot be more than five business day
CLE V: Effective date, if other that effective date is listed, the date multiple of days after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day
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CLE V: Effective date, if other that effective date is listed, the date med 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mean (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document authorized representative of a member are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other that effective date is listed, the date med 0 days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a median (In accordance with section constitutes an affirmation I am aware that any false)	nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document authorized representative of a member are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)