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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Effective Date 02/08/2

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SECRETARY OF STATE

# **COVER LETTER**

Division of Corporations		
SUBJECT: Jody B McCabe LLC		
L 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Jody B McCabe		
	Name of Person	•
Jody B McCabe LLC		
	Firm/Company	
4281 Reinsma Road		78 281
	Address	7 TE 27
Milton, Florida 32583		FEB 13 PH CRETASSEE.F
ci dbkaron82@Yahoo.com	ity/State and Zip Code	NET P
	for future annual report notification)	<u> </u>
For further information concerning this matter, pleas	se call:	34 ATE DRIDA
Karon Brown	at ( 850 ) 6261023	
Name of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \\$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	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:	
Jody B McCabe LLC		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
4281 Reinsma Road Milton, Florida 32583	4281 Reinsma Road Milton, Florida 32583	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	istered Agent. You must designate an ind	
The name and the Florida street address of the	registered agent are:	7A S
Jody B McCabe		TALLAHI
4281 Reinsma F		TSSS 13
Florida street a	ddress (P.O. Box NOT acceptable)	Fig R H
Milton	<sub>FL</sub> 32583	PH 3: 34 OF STATE
City, 9	State, and Zip	24 34 SEE
Having been named as registered agent and to liability company at the place designated in	this certificate, I hereby accept	

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 (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:

Name and Address:	
Jody B McCabe	
4281 Reinsma	<del> </del>
Milton, Florida 32583	
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	FLORE STA
2/09/2012	RIDE
<u> </u>	(OPPONAL)
be specific and cannot be more that	n five business days
	Jody B McCabe 4281 Reinsma

### **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.)

Jody B McCabe

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)