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| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            | <del></del> |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only

EFFECTIVE DATE 03/28/12



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EXAMINER

### **COVER LETTER**

| TO:               | Registration of   | on Section<br>Corporations  |                                    |  |   |            |    |
|-------------------|-------------------|---|------------------------------------|--|---|------------|----|
| SUBJ              | ECT: Mac          | millan Hendricks f  | <sup>2</sup> roperties             | LLC  |   | _          |    |
|                   |                   | Name of Limi  | ited Liability Co                  | mpany  |   |            |    |
| The en            | nclosed Article   | es of Organization and fee(s) are   | submitted for fi                   | iling.   |   |            |    |
| Please            | return all corr   | respondence concerning this ma  | tter to the follow                 | /ing:  |   |            |    |
|                   | Matthe            | w Hendricks   |                                    |  |   |            |    |
|                   | <u>IVIALLI 10</u> | VV TTOTIGITORO  | Name of Person                     |  |   |            |    |
|                   |                   |   |                                    |  |   |            |    |
|                   | <del></del>       |   | Firm/Company                       |  |   |            |    |
|                   | 4521 P            | GA BLVD #362  |                                    |  |   |            |    |
|                   |                   |   | Address                            | <u></u>  |   |            |    |
|                   | Palm Re           | ach Gardens, FL 33  | /1 <b>2</b>                        |  |   |            |    |
|                   | raiiii De         |   | ity/State and Zip C                | Code   |   |            |    |
|                   | Email405          | i4@gmail.com  | 13,15 tall 0 13,15 0               | 7000   | (m / i/)<br>(m / i/)<br>(m / i/)<br>(m / i/)                                  | 12 MBC     |    |
|                   |                   | E-mail address: (to be used   | for future annual                  | report notification)   | <u> </u>  | 75         | _1 |
| For fu            | rther informati   | ion concerning this matter, pleas   | se call:                           |  | SSEE.   | 29 PH      |    |
| Mat               | thew Hend         | dricks  | at (954                            | , 980-1570   | FLO   | _;;<br>_;; | C  |
|                   | Na                | me of Person  | Area C                             | Code & Daytime Tele  | phone Number  | _ယ         |    |
| Enclo             | sed is a chec     | k for the following amount:   |                                    |  |   |            |    |
| <b>∑</b> ]\$125.0 | 0 Filing Fee      | \$130.00 Filing Fee & Certificate of Status   | Certified                          | Filing Fee & Copy copy is enclosed)  | \$160.00 Filing<br>Certificate of St<br>Certified Copy<br>(additional copy is | tatus &    | )  |
|                   |                   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Regist<br>Divisi<br>Clifto<br>2661 | t/Courier Address<br>tration Section<br>ion of Corporations<br>on Building<br>Executive Center C<br>hassee, FL 32301 |   |            |    |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | IC | LE : | I - 1 | Na | me: |
|---|----|----|------|-------|----|-----|
|   |    |    |      |       |    |     |

The name of the Limited Liability Company is:

### Macmillan Hendricks Properties 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 Liability Company is:

# Principal Office Address: 9201 Bowden Drive APT 204 Palm Beach Gardens, FL 33418 Mailing Address: 4521 PGA BLVD #362 Palm Beach Gardens, FL, 33418

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

the Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**Matthew Hendricks** 

Name

4521 PGA BLVD #362

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens

33418

City, State, and Zip

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

EFFECTIVE DATE 03/28/12

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM CHRISTOPHER MACMILLAN **MGRM** MATTHEW HENDRICKS (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: March 28, 2012 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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 Sate constitutes a third degree felony as provided for in s.817.155, F.S.) Matthew Hendricks 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)