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SECRETARY OF STATE
TALL SHESSEE, FLORIDA



C. LEWIS

SEP -6 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	on rations 😚 *	• •	· st.		
SUBJECT: Maclay	Realty & Ma	nagement, LLC			
Name of Limited Liability Company					
The enclosed Articles of Org	ganization and fee(s) are s	submitted for filing.			
Please return all corresponde	ence concerning this matt	er to the following:			
Justin Bryo	e Peel				
		Name of Person			
Maclay Re	alty & Manag	gement, LLC			
		Firm/Company			
1320 Old \	Village Road				
		Address			
Tallahassee, F	L 32312				
	·	y/State and Zip Code			
justinpeel@maclayrealty.com E-mail address: (to be used for future annual report notification)					
For further information conc		•			
Justin Bryce Peel		at (850) 519-8621	<u> </u>		
Name of Pe	rson	Area Code & Daytime Telep			
Enclosed is a check for the	e following amount:				
	30.00 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)		
R D P.	Iailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maclay Realty & Management, 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:	Maning Address:
1320 Old Village Road	1320 Old Village Road
Tallahassee, FL 32312	Tallahassee, FL 32312

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 business entity with an active Florida registration.)

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

Justin Bryce Peel

Name

1320 Old Village Road

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

Tallahassee

_{FL}32312

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 provide for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

•	ARTICLE IV- Manager(s) or Manager The name and address of each Manager	s follows: FILED	
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SEP -6 PH 2: 33 LELLANAY OF STATE TALLAHASSEE, FLORIDA
	MGR M	Justin Bryce Peel 1320 Old Village Road Tallahassee, FL 32312	
	·		· · · · · · · · · · · · · · · · · · ·
			·
	(Use attachment if necessary)	Contombor 6	th 2012
(If an e	CLE V: Effective date, if other than the date feetive date is listed, the date must be spontaged after the date of filing.)		
	REQUIRED SIGNATURE:		
	(In accordance with section 608.40 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	e penalties of perjury that the fa ion submitted in a document to	ution of this document acts stated herein are true. the Department of State
	Justin Bryce Pee		
	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)