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J. BRYAN

OCT - 2 2012

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ann Clifford McGough, LLC

Signature _____

Requested by: SETH

10/01/12

Name

Date

Time

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SECRETARY OF STATE

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ARTICLES OF ORGANIZATION
FOR FLORIDA
LIMITED LIABILITY COMPANY

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Each undersigned, for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, does hereby certify as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is: ANN CLIFFORD McGOUGH, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: 1742 Shoreland Dr., Sarasota, FL 34239.

ARTICLE III - DURATION

The existence of the Company shall commence upon the date of execution of this instrument, which shall be within five (5) business days prior to filing hereof. The period of duration for the Company shall be: perpetual.

ARTICLE IV - REGISTERED AGENT AND OFFICE

The name and street address of Company's initial registered office in the state is:
ANN CLIFFORD McGOUGH, 1742 Shoreland Dr., Sarasota, FL 34239.

ARTICLE V - MANAGEMENT

The Company is to be managed by one or more members, and the name and address of each is:

ANN CLIFFORD McGOUGH, 1742 Shoreland Dr., Sarasota, FL 34239.

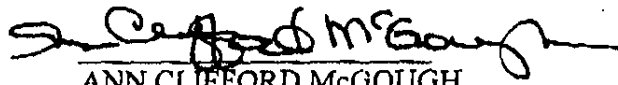
ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: No additional member(s) shall be admitted to the Company without written consent of all members of the Company and on such terms and conditions as shall be determined by all members, except as otherwise provided in the Company's regulations initially executed by all members.

ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be: The business of the Company may be continued only by written consent of all remaining members, except as otherwise provided in the Company's regulations initially executed by all members.

IN WITNESS WHEREOF, the undersigned executed this instrument affirming under penalties of perjury that the facts stated herein are true on October 1, 2012..


ANN CLIFFORD McGOUGH
As Member

STATE OF FLORIDA
COUNTY OF SARASOTA

SWORN TO and subscribed before me this 1 day of October, 2012, by ANN CLIFFORD McGOUGH who is personally known to me or who has produced _____ as identification.


Notary Public

My Commission Expires:



GEORGE BROWNING, III
MY COMMISSION # DD 848110
EXPIRES: April 30, 2013
Bonded Thru Budget Notary Services

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TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ANN CLIFFORD McGOUGH, LLC
2. The name and address of the registered agent and office is: ANN CLIFFORD McGOUGH, 1742 Shoreland Dr., Sarasota, FL 34239.

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.

DATED this 1 day of October, 2012.


ANN CLIFFORD McGOUGH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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