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| PłCK-UP                 | WAIT              | MAIL        |
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| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   | ·           |
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EXAMINER

### **COVER LETTER**

TO: Registration Section
Division of Corporations

McArnold MMG Investments, LLC

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:

# John M Arnold Name of Person J.E. Arnold Investments, LLC Firm/Company 2607 Manassas Way Address Tallahassee, FL 32312 City/State and Zip Code johnmichaelarnold1982@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John M Arnold Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□S125.00 Filing Fee □S130.00 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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
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                                                                                                              | is:                                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------|
| McAmold MMG Investments, i.L.C                                                                                                                         |                                         |                     |
| (Must end with the words "Limited L                                                                                                                    | .iability Company, "L.L.C.," or "LLC.") |                     |
| ARTICLE II - Address: The mailing address and street address of the                                                                                    | e principal office of the Limited Liab  | oility Company is:  |
| Principal Office Address:                                                                                                                              | <b>Mailing Address:</b>                 |                     |
| 2607 Manassas Way                                                                                                                                      | 2607 Manassas Way                       |                     |
| Tailahassee, FL 32312                                                                                                                                  | Tallahassee, FL 32312                   |                     |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Fousiness entity with an active Florida registration.) |                                         |                     |
| The name and the Florida street address of t                                                                                                           | the registered agent are:               | Z012 DEC<br>SECKETA |
| John M Arnold                                                                                                                                          |                                         |                     |
| N                                                                                                                                                      | ame                                     | DEC 19 AHASSE       |
| 2607 Manessas Way                                                                                                                                      |                                         | Life Town           |
| Florida stree                                                                                                                                          | et address (P.O. Box NOT acceptable)    |                     |
| Tallahassee,                                                                                                                                           | FL 32312                                | STAFE               |
| Cit                                                                                                                                                    | y, 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..

Regis cred 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:

| MGMR                          | J.E. Amold Investments, LLC                          | _                  |
|-------------------------------|------------------------------------------------------|--------------------|
|                               | 2607 Manassas Way Tallahassee, FL 32312              | _                  |
| MGMR                          | Angels M McMullen Revocable Trust                    | 2012 DEC 19        |
|                               | 825 SE 11th Avenue                                   |                    |
|                               | Ocala, FL 34471                                      | <b>Z</b> -         |
| MGMR                          | Sheila P Arnold                                      |                    |
|                               | PO Box 1504 ""                                       |                    |
|                               | Ocala, FL 34478                                      | D. 6               |
|                               |                                                      | 개년<br>-<br>-       |
| (Use attachment if necessary) | )                                                    | _                  |
|                               | ate must be specific and cannot be more than five bu | ONAL)<br>isiness d |

(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.)

John M Arnold

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

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)