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SECKETARY OF STATE

D. BRUCE
JAN 0 8
EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: M	Nally Propertic	S L.L.C. ited Liability Company	 	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	espondence concerning this mat	tter to the following:		
	Jared	R MCNANY Name of Person		
		Properties L.L.		
	3465 8th			
		Address		
	St Petersb	ity/State and Zip Code	3	
		ity/State and Zip Code VIV @ hot mail.com	>	-7
·*	E-mail address: (to be used	for future annual report notification)	RETAI AHAS	Granti
For further information	on concerning this matter, pleas	se call:	-7 4559	
Jared N	ne of Person	at (850) 345 59 Area Code & Daytime Teleph	7 PM STATE SEE FLORIDA	I I
4	for the following amount:			
\$125.00 Filing Fed	©\$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Mc Nally Proper + (Must end with the words "Limited Liability	CS L.L.C., y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3465 9th ave N St. Petersburg FL 33713	3465 8th ove N St Petersburg FL 33713
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Jared McHal	ALLY ALLY
	URETARY LAHASSE
3465 8th Ave	
	ress (P.O. Box NOT acceptable)
St Petersburg City, State	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacidal all statutes relating to the proper and complete	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with itstered agent as provided for in Chapter 608, F.S

(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: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: _ (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 documents 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.)

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)