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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McArthur Park 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:

Kendon M Ricketts		
Name of Person		
McArthur Park LLC		
Firm/Company		
520 62nd Ave N		
Address		
Saint Petersburg, FL 33702		
City/State and Zip Code		
kendon.ricketts@gmail.com		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Kendon M Ricketts	727	, 505-1204
Name of Person	Area Code	e & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Street/Courier Address

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
McArthur Park LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Ad The mailing addres		rincipal office of the Limited Lia	ability Company is:		
Principal Office Address:		Mailing Address:			
520 62nd Ave N		520 62nd Ave N			
Saint Petersburg, FL 33	702	Saint Petersburg, FL 33702			
The Limited Liability Co business entity with an a		d Office, & Registered Agent's rered Agent. You must designate an individual registered agent are:			
	520 62nd Ave N				
	Florida street add	dress (P.O. Box NOT acceptable)	AM II: 0		
	Saint Petersburg				
	City, Sta	ate, and Zip	9		
liability compan registered agent a all statutes relati	ny at the place designated in t and agree to act in this capac ng to the proper and complet	accept service of process for the his certificate, I hereby accept th ity. I further agree to comply wi e performance of my duties, and gistered agent as provided for in ure (REQUIRED)	he appointment as ith the provisions of I am familiar with		

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kendon M Ricketts
MOR	520 62nd Ave N
	Saint Petersburg, FL 33702
(Use attachment if necessary)	
	the date of filing: <u>FEB 1, 2013</u> . (OPTIONAL) nust be specific and cannot be more than five business days (3.)
	In Kiel
Signature of a me	mber or an authorized representative of a member.
constitutes an affirmation us I am aware that any false in	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Kendon M Ricketts	
	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)