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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

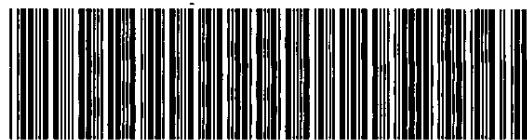
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600252255946

10/03/13--01009--006 **125.00

2013 OCT -3 AM 9:27
J. SAU.SBERRY, EXAMINER
FLORIDA
STATE
TALLAHASSEE, FLORIDA

S. L. E.

J. SAU.SBERRY
EXAMINER
OCT 7 2013

(850)245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. J. McDermott & Associates, 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:

Robert J. McDermott

Name of Person

R. J. McDermott & Associates, LLC

Firm/Company

3212 S. Ocean Blvd, Unit 802A

Address

Highland Beach, FL 33487

City/State and Zip Code

rjmcpapfs@aol.com

E-mail address: (to be used for future annual report notification)

1030CT-3
Filing Date
RECEIVED
FLORIDA
STATE
ORIGIN
9:27 AM

For further information concerning this matter, please call:

Robert J. McDermott at 561 243 0913

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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:

R. J. McDermott & Associates, 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:

3212 S. Ocean Blvd, Unit 802A

Highland Beach, FL 33487

Mailing Address:

3212 S. Ocean Blvd, Unit 802A

Highland Beach, FL 33487

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:

Robert J. McDermott

Name

3212 S. Ocean Blvd, Unit 802A

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

Highland Beach

FL

33487

City, State, and Zip

2013 OCT -3 AM 9:27
RECEIVED IN STATE
OF FLORIDA
REGISTRATION

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..

Robert J. McDermott

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

Robert J. McDermott

3212 S. Ocean Blvd, Unit 802A

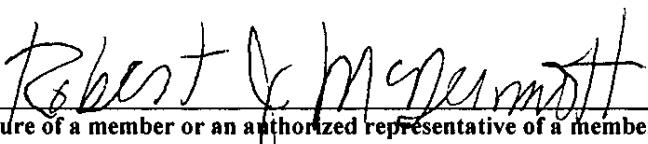
Highland Beach, FL 33487

2013 OCT - 3 AM 9:27
FALL BACK TIME CHANGE
FEDERAL
REGISTRATION
OFFICE
FLORIDA

(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:


Robert J. McDermott

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

(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.)

Robert J. McDermott

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)



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
PHONE: 860-509-6003 WEBSITE: www.concord-sots.ct.gov

ARTICLES OF DISSOLUTION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-206 THRU 34-216

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$50 <i>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</i>
NAME: Robert J. McDermott ADDRESS: 23 South Main Street		
CITY: New Milford STATE: CT ZIP: 06776		
1. COMPLETE NAME OF LIMITED LIABILITY COMPANY (REQUIRED): (MUST MATCH OUR CURRENT RECORDS EXACTLY WITH DESIGNATION SUCH AS L.L.C., LLC, ETC.) R. J. MCDERMOTT & ASSOCIATES, LLC		
2. THE LIMITED LIABILITY COMPANY IS DISSOLVED FOR THE FOLLOWING REASON(S) (REQUIRED): No longer conducting any business		
3. EFFECTIVE DATE OF DISSOLUTION (IF OTHER THAN THE FILING DATE):*		
4. EXECUTION - (REQUIRED): (SUBJECT TO PENALTY OF FALSE STATEMENT.)		
DATED THIS _____		DAY OF <u>October</u> , <u>2013</u>
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
Robert J. McDermott	Managing member	