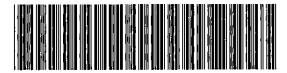
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Office Use Only



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TO: Registration Section Division of Corporations	
SUBJECT: MCFarlain Restoration, 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:	
Malcolm McFarlain Name of Person	
8686 Flicker Road Firm/Company	
Firm/Company	
	17
Address	ļ
Tallahassee Fl. 32305	2
	::
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (
Name of Person Area Code Daytime Telephone Number	
Epclosed is a check for the following amount:	
\$125.00 Filing Fee Status Stat	

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
Talłahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mc Farlain Restoration 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: Mailing Address:		
8686 Flicker Rd Tallahassee, Florida		
32305	7	
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.)	٠,	1 mg
The name and the Florida street address of the registered agent are:	PK	, en e
Malcolm Mcfarlain	.0	
Name	~~i	
8686 Flicker Road		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Tallahassee FL 32365		
City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Malcolm McFarl
	RIALL FLICKET Rd.
	Taliahassee, Florida
	
	
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(Use attachment if necessary)	
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