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**B. BOSTICK** 

SEP 1 0 2014

**EXAMINER** 

*	
TO: Registration Section Division of Corporations	
SUBJECT: McGlee and Scharn Holdings, 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:	
Hunter and Rebecca Scharp Name of Person	
McGree and Scharn Holdings, LLC Firm/Company	
13205 Petunia St.	
Panama City Beach FL 32407 City/State and Zip Code	
beckyscharn@gmail.com	
E-mail address: (to be used for future annual report notification)	-
beckyscharn@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	-
Rebeccoa Scharn at (106) 442-1739  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee  \$\Bigcup \text{\$\subset\$130.00 Filing Fee & Bigcup Certificate of Status Certified Copy (additional copy is enclosed)}  \$\Bigcup \text{\$\subset\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \$\subset\$0.00 Filing Fee	

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:				
McGlee and Scharn (Must end with the words "Limited	Holding: Liability Compan	5	C.")	
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limite	d Liability Company	y is:	
Principal Office Address:	Mailing Addr	ess:		
13205 Petunia St.	13205	Petunia	St.	
Panama City Beach, FL 32407	Pahama	City Beau	ch, FL 32	407
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered	Registered Agent. in.)		e an individual oi	r
_	agent are:			
Rebecca M Scharn Name				
13205 Petunia Street Florida street address (P.O. Box	NOT acceptable)			
Panama City Beach City	FL 324 Zi			
Having been named as registered agent and to accept sen the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of fmy duties, and I am familiar with and accept the oble Chapter Registered Agent's Signate	nt the appointment of of all statutes relati ligations of my pos ter 605, F.S.	is registered agent a ing to the proper and ition as registered a	ınd agree to act ir d complete perfor	n this mance
(CONTINUI	ED)			
Page 1 of 2			MIN SEP -2 P	

d Address:
ca M. Scharn
Petunia Street
a City Beach, FL 32407
nn J. McGee
6 Box 130
96322
<u> </u>
ized representative of a member.
ida Statutes, the execution of this document
rjury that the facts stated herein are true.  a document to the Department of State
SKI/ ISS ESS
s.817.155, F.S.)
Scharn
Scharn name of signee

Page 2 of 2