## L15000065740

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEUKE JARSEE, FLORIDA

APR 16 2015 N. CAUSSEAUX

## COVER LETTER

TO: Registration Division of C	Section Corporations		
OUDJECT WASEL	10005 47 740 110		
SUBJECT: WAREF	HOUSE AT 74th, LLC. Name of Lir	nited Liability Company	<del></del>
The enclosed Articles	of Organization and fee(s) a	re submitted for filing	
	spondence concerning this m	_	
		-	
Rodney D	D. McGalliard	Name of Person	
WAREHO	OUSE AT 74th, LLC.		
		Firm/Company	
2741 S.W	/. 7th Place		
<u> </u>		Address	
Gainesvill	le, FL 32607	ity/State and Zip Code	
rodmcgalliard@c	gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	n concerning this matter, plea	ase call·	
	in concerning time matter, pro-		
Rodney D. McGallia	rd at (3	352 ) 338-2949	
Nam	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address	Street/Courier Add	ress

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ie:		
The name of the Lin	mited Liability Company is:		
			_
WAREHOUSE A	T 74th 11C	<u>구</u>	S. 5.
WAITE TOOOL A	(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLO,"	震言 二
	(		E N
ARTICLE II - Add			
The mailing address	s and street address of the princi	ipal office of the Limited Liability Company is	有品子口
Principal Office A	ddress:	Mailing Address:	7.5
2741 S.W. 7th Pla	ice	2741 S.W. 7th Place	書台
Gainesville, FL 3		Gainesville, FL 32607	37
		·	
	2741 S.W. 7th Place		
	Florida street address (P.C	Box NOT acceptable)	
	Gainesville	FL 32607	
	City	Zip	
the place design capacity. I furthe	nated in this certificate, I hereby ir agree to comply with the provi d I am familiar with and accept t	ept service of process for the above stated limite accept the appointment as registered agent and sions of all statutes relating to the proper and che obligations of my position as registered agen Chapter 605, F.S	agree to act in this omplete performance

(CONTINUED)

(Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager Manager	Rodney D. McGalliard
Mariagor	2741 S.W. 7th Place
	Gainesville, FL 32607
	Gainesville, FL 32007
	5 7 T
	<del></del>
	65 <b>-</b>
,	
(Use attachment if necessary)	
LE V: Effective date, if other than the date	of filing:
ffective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  C is formed to own, operate and mana-	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days sage the warehouse located at 2800 N.W. 74th Place,
ffective date is listed, the date must be spee of filing.)  LE VI: Other provisions, if any. C is formed to own, operate and manaville, FL 32653  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be spe of filing.)  CLE VI: Other provisions, if any. C is formed to own, operate and management of the constitutes an affirmation under I am aware that any false informed of the constitutes and the constitutes any false informed of the constitutes and the constitutes and the constitutes and the constitutes are constituted of the constitutes and constit	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  The mation submitted in a document to the Department of State and as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)