

L15000073062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

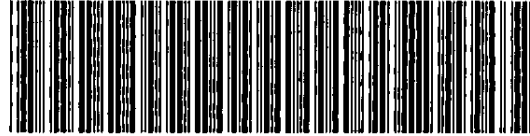
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WS-26481

Office Use Only



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03/26/15--01033--016 **300.00

FILED
2015 APR 23 PM 12:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 24 2015
CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2015

SCOTT MCCAGUE
3844 CHERRYWOOD DR
HOLIDAY, FL 34691

SUBJECT: SCOTT MCCAGUES TOPNOTCH PAINTING LLC
Ref. Number: W15000026481

We have received your document for SCOTT MCCAGUES TOPNOTCH PAINTING LLC and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 215A00007582

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scott McCagues Topnotch Painting "LLC."
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Scott McCague

(Contact Person)

Scott McCagues Topnotch Painting "LLC."

(Firm/Company)

3844 Cherrywood Dr

(Address)

Holiday, Florida 34691

(City, State and Zip Code)

scott.mccague@yahoo.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Scott McCague at (727) 698-1225
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:

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

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scott McCagues Topnotch Painting "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:

3844 Cherrywood Dr
Holiday, Florida 34691

Mailing Address:

3844 Cherrywood Dr
Holiday, Florida 34691

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:

Scott McCague

Name

3844 Cherrywood Dr

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

Holiday

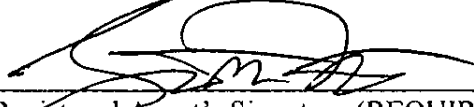
City

FL 34691

Zip

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TALLAHASSEE FLORIDA

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

president

Name and Address:

Scott McCague

3844 Cherrywood Dr

Holiday Florida 34691

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-23-15 (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.)

ARTICLE VI: Other provisions, if any.
none

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TALLAHASSEE FLORIDA

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

Scott McCague

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)