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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT -5 PM 12:01

OCT 12 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: McFarland Air Conditioning and Heating, L.L.C.

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:

Wayne McFarland

Name of Person

McFarland Air Conditioning and Heating, L.L.C.

Firm/Company

264 Milwaukee Ave.

Address

Dunedin, FL 34698

City/State and Zip Code

mcfarlandairconditioning@gmail.com

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

For further information concerning this matter, please call:

Wayne McFarland 727 743-8571

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT -5 PM 12:01

ARTICLE I - Name:

The name of the Limited Liability Company is:

McFarland Air Conditioning and Heating, L.L.C.

(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:

264 Milwaukee Ave.
Dunedin, FL 34698

Mailing Address:

264 Milwaukee Ave.
Dunedin, FL 34698

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:

Ashley McFarland

Name

264 Milwaukee Ave.

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

Dunedin

FL

34698

City

State

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.

Ashley McFarland

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

MGR

Name and Address:

Ashley McFarland
264 Milwaukee Ave.
Dunedin, FL 34698

Wayne McFarland
264 Milwaukee Ave.
Dunedin, FL 34698

AMBR

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT -5 PM 12:01

(Use attachment if necessary)

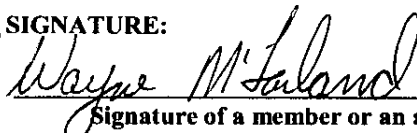
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Wayne McFarland

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)

October 1, 2015

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

To Whom It May Concern:

Please see the following application to form a new LLC for the business:
McFarland Air Conditioning and Heating. Enclosed is a check in the amount of
\$160.00. Contact information for this company is:

Wayne or Ashley McFarland
264 Milwaukee Ave.
Dunedin, FL 34698
Wayne's # 727-743-8571
Ashley's # 757-373-8291

Sincerely,

A handwritten signature in cursive script that reads "Ashley McFarland". The signature is written in dark ink and is positioned below the word "Sincerely,".

Ashley McFarland