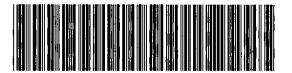
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	legistration Section livision of Corporations	
SUBJECT	McKaveney's Amazing Grace	
SUBJEC	F:Name of I	Limited Liability Company
The enclose	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	urn all correspondence concerning this	matter to the following:
	Jame McKaveney	
	**·····	Name of Person
	McKaveney's Amazing Grace	
		Firm/Company
	1488 73rd Circle NE	
	•	Address
	St. Petersburg, FL 33707	
	HerbertEGouldEsquire@hotmail.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further i	nformation concerning this matter, plea	ase call:
	James McKaveney	727 892-2543
		Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
]\$ 125.00 F	iling 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 enclo
	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

any, "L.L.C.," or "LLC.") ited Liability Company is: Mailing Address: 488 73rd Circle NE it. Petersburg, FL 33707
ited Liability Company is: Mailing Address: 488 73rd Circle NE
ited Liability Company is: Mailing Address: 488 73rd Circle NE
Mailing Address: 488 73rd Circle NE
488 73rd Circle NE
t. Petersburg, FL 33707
Tacceptable)
33711
// Zip
the above stated limited liability company at the stered agent and agree to act in this capacity. I per and complete performance of my duties, and I ent as provided for in Chapter 605, F.S The provided of the performance of my duties, and I ent as provided for in Chapter 605, F.S The provided of the performance of my duties, and I ent as provided for in Chapter 605, F.S

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
'MGR"	James McKaveney
	1488 73rd Circle NE
	St. Petersburg, FL 33707
'AMBR"	Ana Marai Vales-McKaveney
	1488 73rd Circle NE
	St. Petersburg, FL 33707
	·
V: Effective date, if other than the tive date is listed, the date must filing.)	be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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CV: Effective date, if other than the tive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature 0	not meet the applicable statutory filing requirements, this date will not ment of State's records. Manual
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CV: Effective date, if other than the tive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is lam aware that an	not meet the applicable statutory filing requirements, this date will not ment of State's records. Manual
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ARTICLE IV-