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Office Use Only



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COVER LETTER

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	tegistration Section Overline of Corporations			
eup irca	McBroom Holdings, LLC			
SUBJECT	Nai	me of Limited Liabi	lity Company	
The enclos	sed Articles of Organization and	fee(s) are submitted	i for filing.	
Please retu	ırn all correspondence concernit	ng this matter to the	following:	
	Edward Scott McBroom			
	·	Name of	f Person	
		Firm/Co	ompany	
	1451 83rd Ave N			
		Add	ress	· · · · · ·
	St. Petersburg, FL 33702			
	westscapesfl@gmail.com	City/State ar	nd Zip Code	
	E-mail address: (to	o be used for future	annual report notificat	ion)
For further	information concerning this mat	ter, please call:		
	Scott McBroom	727 at (430-2298	
	Name of Person		Daytime Telephon	ne Number
Enclosed i	is a check for the following amo	unt:		
\$125.00 F	Filing Fee \$130.00 Filing Certificate of S	Certif	00 Filing Fee & [ied Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address New Filing Section	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2016

EDWARD SCOTT MCBROOM 1451 83RD AVE N ST. PETERSBURG, FL 33702

SUBJECT: MCBROOM HOLDINGS, LLC

Ref. Number: W16000054138

16 AUG IS PH 4: 37

We have received your document for MCBROOM HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An LLC must list a Principal Office Address in the articles of organization.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 016A00016473

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil McBroom Holdings				
	with the words "Limited	Liability Company	v, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limited	Liability Company is:	
Princi	pal Office Address:		Mailing Ad	ldress:
Edward Scott McB		1451 83 rd Ave N, St. Petersburg, FL 33702		
Charles Derek Mc	Froom		CIASTO ALC	ST. PEERSBURG FL
		بها چ	OLOS ANCIAL.	33702
(The Limited Liability Compan another business entity with an The name and the Florida stree	active Florida registration	n.)	You must designate an	individual or
	Edward Scott McBro		· · · · · · · · · · · · · · · · · · ·	
		Name		
	1451 83rd Ave N			
Florida street address (I		s (P.O. Box NOT a	cceptable)	
	St. Petersburg	FL	33702	
	City	State	Zip	
Having been named as registered place designated in this certificat further agree to comply with the pam familiar with and accept the c	e, I hereby accept the appo provisions of all statutes re obligations of my position o	ointment as register clating to the proper	ed agent and agree to a cand complete perform as provided for in Chap	act in this capacity. I ance of my duties, and I
		(CONTINUED)		m)
		Page 1 of 2		16 AUS 15 AH 7: 3

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	RTI	TO:	1187
A	K I I	 ж.	IV-

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

	Title:	Name and Address:
	"AMBR" = Authorized Memb	भ
	"MGR" = Manager	Cdessed Coats MaDusans
	MGR	Edward Scott McBroom
		1451 83rd Ave N
		St. Petesrburg, FL 33702
	MGR	Charles Derek McBroom
		1506 86th Ave N
		St. Petersburg, FL 33702

	(Use attachment if necessary)	
	•	
		n the date of filing: July 21, 2016 (OPTIONAL)
If an c	effective date is listed, the date n	ust be specific and cannot be more than five business days prior to or 90 days after
	te of filing.)	
		loes not meet the applicable statutory filing requirements, this date will not be listed as
the do	cument's effective date on the De	partment of State's records.
ARTI(CLE VI: Other provisions, if any.	
	11 1	
	REQUIRED SIGNATURE:	2 ~

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.

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)