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(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: McCaniac Customs, LLC
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:

Gregory M. McCane
Name of Person

McCaniac Customs, LLC

Firm/Company

13201 Saddle Way

Address:

Brooksville, FL 34614

City/State and Zip Code

mc case 352 @ tampabay.rr.com

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

For further information concerning this matter, please call:

Donna McCane at 352 585-3214
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

★ 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**

October 26, 2017

To Whom it May Concern:

I, Gregory M. McCane, owner and manager of McCaniac Customs, LLC state that I am not going to reinstate the dissolved LLC.

Sincerely,



Gregory M. McCane

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mc Caniac Customs, 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:

13201 Saddle Way
Brooksville, FL 34614

Mailing Address:

Same

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:

Gregory McCane

Name

13201 Saddle Way

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

Brooksville, FL 34614

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..

Gregory McCane

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA
DEPARTMENT OF
STATE
REGISTRATION
AND
LICENSE
DIVISION
OF
CORPORATIONS
AND
LIMITED
LIABILITY
COMPANIES

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Donna McCane
Secretary

Gregory McCane - Owner +
Manager

Name and Address:

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13201 Saddle Way

Brooksville, FL 34614

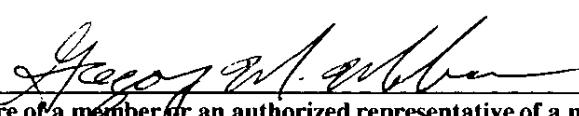
(Use attachment if necessary)

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.

GREGORY M. McCANE

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)