160000214122

·
(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:
operating Agreement- was moled in but no dec.
Was Moiled 11/3/16

Office Use Only



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10/31/16--01033--024 **155.00

FILED

2016 NOV 22 AM 8: 4.2

SECHERRY OF STATE
TALLAHASSEE, FLORID

V HERRING NOV 29 2016

1. 16-74675

COVER LETTER

.,•	* TO: Registration Section Division of Corporations		
SUBJECT: McG3, 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:			
SUSAN JOHNSON			
Name of Person Ma-G-3			
Firm/Company			
1806 CAMERON CIRCLE			
	Address		
	FORT MYERS, FL 33902 Susanjohnson@ Century link. net		
	Susanjohnson@ Century link. net		
	E-mail address: (to be used for future annual report notification)		
	r further information concerning this matter, please call:		
Susan Johnson at 239 851-4526 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:			
REF#WI6000074675 (additional copy is enclos			
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		
	Tallahassee El 32301		



November 3, 2016

SUSAN JOHNSON 7806 CAMERON CIRCLE FORT MYERS, FL 33912

SUBJECT: MCG3, LLC

Ref. Number: W16000074675

We have received your document for MCG3, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms are enclosed.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 716A00023717

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2016 NOV 22 AM 8: 42

SEGRETARY OF STATE

IALLAHASSEE, FLORIDA

(Must end with the words "Limited Liability Company, "L.L.C.," or "LGG.

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1806 CAMERON CIR.	1806 CAMERON CIR.
FORT MYERS EL 33912	FORT MYERS, FL
	33912

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:

Name

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

DI WARDSH -

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..

registered Agent 3 Signature (REQU

(CONTINUED)

Page 1 of 2

ARTICLE IV-	FILED
The name and address of each pe	rson authorized to manage and control the Limited Liability Company: 2016 NOV 22 AM 8: 42
<u>Title:</u> "AMBR" = Authorized Member	- A
"MGR" = Manager	SEGNE LARY OF STATE SECNETARY OF STATE
TWISK PROPER	1806 CAMERON CIRCLE
_	FORTMYERS, FL 33412
MBR	LAURA RICHARDS
4 V D	6525 DUQUESNE FORT MYERS FL 33919
AMBR	CONNIE BYNES
; , , ,	1324 BARCELONA
	FORTMYERS, FL 33901
	
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(Use attachment if necessary)	
Note: If the date inserted in this block do the document's effective date on the Depa ARTICLE VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be listed as urtment of State's records.
REQUIRED SIGNATURE:	man Salana
	of a member or an authorized representative of a member.
	s executed in accordance with section 605.0203 (1) (b), Florida Statutes. Iny false information submitted in a document to the Department of State
constitutes a third	d degree felony as provided for in s.817.155, ₹.S.
	USAN JOHNSON
	Typed or printed name of signee
\$125,00 Filing Fee for Articles	Filing Fees: s of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	onal)
\$ 5.00 Certificate of Status (/- / - / - / - / - / - / - · · · · ·
	REF# W16000074675

to see

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