

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000304120 3)))



H160003041203ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305) 633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

MCLANE CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help



December 13, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: JMM CONSULTING, LLC

REF: W16000083330

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000032233.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: E16000304120 Letter Number: 216A00026487

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION OF MCLANE CONSULTING, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be MCLANE CONSULTING, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company shall be 12303 NE 19th Street, Plantation, PL 33323.

ARTICLE III -- DURATION

Perpetual. The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these Articles of Organization.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

Jesica Mata McLane 12303 NE 19th Street Plantation, FL 33323

ARTICLE V -- CAPITAL CONTRIBUTIONS

Each member shall make capital contributions to the company as necessary from time to time, on the majority consent of all members.

ARTICLE VI - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the majority written consent of the members of the company and on such terms and conditions as shall be determined by majority consent of the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate

Page 1 of 3

in the management of the business and affairs of the company or become a member unless a majority of the other members of the company approve of the proposed transfer by written consent.

ARTICLE VII -- TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, or dissolution of a manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of a majority of the remaining members, provided there are at least two remaining members.

ARTICLE VIII - MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial manager of the company is Jesica Mata McLane, whose address is 12303 NE 19th Street, Plantation, FL 33323.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization in Plantation, FL on this 2χ day of December, 2016.

Manager Member:

JESICA MATA MCLANE

Page 2 of 3

STATE OF FLORIDA)	
COUNTY OF BROWARD	,)	
Sworn to and subscribed befo who is personally known to in	re me this 2/ day of Decemb e or who has produced	er, 2016 by Jesica Mata McLane, as identification.
	Notary P	Whice Jose Coss
		ne or Stamp ioned Name of Notary Public
	(SEAL)	JOSE COSS Notary Public - State of Pioride b. Openintsion # Ff 189559 My Comm. Expires Mar 13, 201. Bonded through National Notary 1955.

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 608, F.S.

ESIMATA MCLANE

Page 3 of 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: MCLANE CONSULTING, LLC.
- 2. The name and address of the registered agent and office is:

<u>Jesica Mata McLane</u> (NAME)

12303 NE 19th Street (P.O. BOX NOT ACCEPTABLE)

Plantation, FL 33323 (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.

JESICA MATA MCLANE

DATE

Filing Fee: \$35 for Designation of Registered Agent

H16000 304120