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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER 🛫

	New Filing Section Division of Corporations		
SUBJEC:	The McCoy Team LLC		
SUBSEC		imited Liability Company	
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.	
Please ret	turn all correspondence concerning this	matter to the following:	
	Ashley McCoy		
		Name of Person	· · ·
	The McCoy Team LLC		
		Firm/Company	
	8048 Cloverglen Circle		
		Address	
	Orlando, FL 32818		
	asmccoy 13@gmail.com	City/State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification	n)
For further	information concerning this matter, plea	se call:	
	Ashley McCoy at (758-2155	
):	Area Code Daytime Telephone	Number
Enclosed is	a check for the following amount:		
\$125.00 Fil		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section	

New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

eet address of the principal office of the Limited Liability Company is: Mailing Address: Mailing Address:	Principal Office Address: Boundary Company is: Principal Office Address: 8048 Cloverglen Circle Orlando, FL 32818 RTICLE 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 content business entity with an active Florida registration.) Ashley McCoy Name 8048 Cloverglen Circle Orlando, FL 32818 RTICLE III - Registered Agent, Registered Agent. You must designate an individual or content business entity with an active Florida registration.) Ashley McCoy Name 8048 Cloverglen Circle Florida street address (P.O. Box NOT acceptable)	RTICLE II - Address: Principal Office Address: 8048 Cloverglen Circle Orlando, FL 32818 RTICLE 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 of Stocker business entity with an active Florida registration.) Ashley McCoy Name 8048 Cloverglen Circle Orlando FL 32818 Ashley McCoy Name 8048 Cloverglen Circle Florida street address (P.O. Box NOT acceptable) Orlando FL 32818	(Mus	contain the words "Limited Liab	inty Company, "L.I	c.c., or LDC.	
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nt's signature (REQUIRED)

Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Ashley McCoy MGR 8048 Cloverglen Circle Orlando, FL 32818 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 01/01/2018 . (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 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. The purpose of the Limited Liability Company is to engage in any lawful activity for which a Limited Liability Company may be organized in this state. REQUIRED SIGNATURE: Signature of a member or as 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. Ashley McCoy 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)

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

ARTICLE IV-