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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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18 JAN 19 AM 11: 20 SECRETARY OF STATE BALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: MCD handuran Services LL (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:	- 5	olyg avgr
Matthew Dukes		
Name of Person		
1526 Blown town St.		
Address .		
Talkihassec H 32364		
City/State and Zip Code. S12 mothewdykes & gmail, com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mathew Dukes at (850) 553-1800 Name of Person Area Code Daytime Telephone Number	> 5	entern states
Epelosed is a check for the following amount:		
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)	sed)	
Mailing 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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
MCD bandyman Servi (Must contain the words "Limited Liability	ices LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
1526 Rivertetando St	1576 Rlay Tstonst

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:

Matthew De Kes

Name

1526 Rountstown St.

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

Talahassee Fl. 32364

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 & Signature (REQUIRED)

(CONTINUED)

. "}	AMBR" = Authorized Member MGR" = Manager	•	MUV rabbe
_	MGR	Matthew Di Kes 1524 Blew Tottawn St. Tallahassee Fl. 32304	
_			
•	Use attachment if necessary)	date of filing:(OPTIONAL)	
an effec date of <u>te:</u> If the	ctive date is listed, the date must b	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a	S UESCALIS
	VI: Other provisions, if any.	· ·	

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)