

L18000 209355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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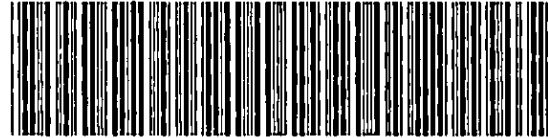
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG 31 PM 2:03
TALLAHASSEE, FLORIDA



Wayne C. Buckwalter
Attorney At Law

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Philadelphia, PA 19103

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www.cohenseglias.com

August 28, 2018

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: McKiernan's Parrothead Place, LLC

Dear Sir/Madam:

Enclosed for filing please find Articles of Organization regarding the above referenced limited liability company, together with your Cover Letter form and this firm's check in the amount of \$125.00 representing your filing fee.

Should you have questions or require additional information, please contact me. Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to be "WCB", written over the typed name "Wayne C. Buckwalter".

Wayne C. Buckwalter

WCB:mn
Enclosures

cc: John McKiernan

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: McKiernan's Parrothead Place, 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:

Wayne C. Buckwalter, Esquire
Name of Person

Cohen Seglias Pallas Greenhall & Furman, PC
Firm/Company

30 South 17th Street, 19th Fl
Address

Philadelphia, PA 19103
City/State and Zip Code

wbuckwalter@cohenseglias.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne C. Buckwalter, Esq. at (215) 564-1700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McKiernan's Parrothead Place, 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 the Limited Liability Company is:

Principal Office Address:

5321 Princeton Road

Macungie, PA 18062

Mailing Address:

5321 Princeton Road

Macungie, PA 18062

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:

Pamela Ramsay

Name

1310 Gillespie Drive N

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

Palm Harbor

FL

34684

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..

Pamela Ramsay

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
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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

MGR

Name and Address:

Pamela Ramsay

1310 Gillespie Drive N

Palm Harbor, FL 34684

(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:

Pamela Ramsay

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.

Pamela Ramsay

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)

18 AUG 31 PM 2:03
DIVISION OF CORPORATION
STATE OF FLORIDA