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COVER LETTER

SUBJECT:	Florida Avian Conservation, L.L.C.
aongise i	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	James McGinity
-	Name of Person
	Florida Avian Conservation, LLC
-	Firm/Company
	542 Orangewood Drive
-	Address
	Dunedin, Florida 34698
-	City/State and Zip Code
<u>jr</u>	mcginity53@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
J	James McGinity 727 667-2926
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$ 125.00 Fill	ing Fee \$\int_{\text{Certificate of Status}}\text{S155.00 Filing Fee & Certificate of Status}\text{Certified Copy (additional copy is enclosed)}\text{S160.00 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

Florida Avian Conse	rvation L.I.C		
(Must cont	ain the words "Limited Liabi	lity Company, '	L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street a	ddress of the principal office	of the Limited	Liability Company is:
<u>Princip</u>	oal Office Address:		Mailing Address:
542 Orangewood Dr	.; Dunedin, FL 34698	542 (Drangewood Dr.; Dunedin, FL 34698
ARTICLE III - Registered Ag	ent, Registered Office, & R	egistered Agen	t's Signature: ou must designate an individual or
ARTICLE III - Registered Ag	ent, Registered Office, & R	egistered Agen	t's Signature: ou must designate an individual or
ARTICLE III - Registered Ag The Limited Liability Company unother business entity with an	ent, Registered Office, & R y cannot serve as its own Reg active Florida registration.)	egistered Agen istered Agent. Y	t's Signature: ou must designate an individual or
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.) address of the registered age	egistered Agen istered Agent. Y	t's Signature: 'ou must designate an individual or
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ARTICLE III - Registered Ag The Limited Liability Company unother business entity with an	ent, Registered Office, & R y cannot serve as its own Reg active Florida registration.) address of the registered age James McGinity Na 542 Orangewood Drive	egistered Agen istered Agent. Y nt are:	ou must designate an individual or

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's Signature (REQUIRED)

(CONTINUED)

04:01:08 Q= 0315:

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

AMBR James McGrienty 542 Orangewood Drive Dunedin, Fl. 34698 LiUse attachment if necessary) E.V.: Effective date, if other than the date of filing: 3/1/2019 Letive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filing) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.V.I.: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a hember. This document is exsecuted in accordance with section 605.0203 (1) (b). Priorida Statutes, I am aware that Any false information submitted in a document to the Department of State constitutes a dirird degree felony as provided for in s.817.155. F.S. James E. McGinity Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5.000 Certifical Copy (Optional) \$5.000 Certifical of Status (Optional)	<u>Title:</u> "AMDD" = Authorized Morel	Name and Address:
AMBR James McGinity 542 Orangewood Drive Dunedin, FL 34698 [Use attachment if necessary] EV: Effective date, if other than the date of filing: 3/1/2019 (OPTIONAL) etrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filing, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Phorida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a shird degree felony as provided for in s.817.155. F.S. James E. McGinity Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Memi "MGR" = Manager	II.
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