19000045045

(Denimate de Name)
(Requestor's Name)
(Address)
(Address)
(Ch. (Ch.), (7), (Dh., 10)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200324530352

02/15/19--01035--008 **160.00

TOTAL OF STATE

1:6 H4 5:18

W

COVER LETTER

Division of Corporations
SUBJECT: McScots Property Management 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:
Scott F. MSEIroy Name of Person
Name of Person
Firm/Company
103 5 39th St UnitE
Address
Mexico Beach F1 32456 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott McElroy at (770) 883-8441 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

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

. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MCDWts Moperty	Management LLC
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1075 3945+ 110HF	1075 39th St Unit F

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:

Mexico Beach FL

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Scott F.	MISEIR	DY
N	ame	•
103539th	5+ Ur	it E
Florida street address (P	.O. Box <u>NO</u>	T acceptable)
Mexico Beach	FI	32456
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's Signature (REQUIRED

(CONTINUED)

19 FEB 15 PM 9: 44

A	R	rı	C	1.	F	13	J_

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

"AMBR" = Authorized N "MGR" = Manager	nember				
WOK - Walager					
				_	
				_	
				_	
				_	
				_	
(Use attachment if necess	Sary)				
		(OP			
ite of filing.) If the date inserted in this becument's effective date on t		oplicable statutory filing requirements, therefore, and the statutory filing requirements, the records.	his date will	not bo	liste
If the date inserted in this b	he Department of State's		his date will	not be	e liste
If the date inserted in this becument's effective date on the CLE VI: Other provisions, if	he Department of State's		his date will	not bo	e liste
If the date inserted in this becument's effective date on the CLE VI: Other provisions, if	he Department of State's any.		his date will	not be	e liste
If the date inserted in this becument's effective date on t	he Department of State's any. RE:	records.	his date will	not be	e liste
If the date inserted in this bocument's effective date on t CLE VI: Other provisions, if REQUIRED SIGNATU Sig	RE: Scott L. The Department of State's	M= Ellow an authorized representative of a mem	nber.		e liste
If the date inserted in this bocument's effective date on t CLE VI: Other provisions, if REQUIRED SIGNATU Sig This doc	RE: Scott L. Inature of a member or a ument is executed in account.	M= Ellow an authorized representative of a memoral ance with section 605.0203 (1) (b), Fl	nber. Iorida Statuto	es.	e liste
If the date inserted in this bocument's effective date on t CLE VI: Other provisions, if REQUIRED SIGNATU Sig This doc I am awa	RE: Coll L. Inature of a member or a ument is executed in according to that any false information.	an authorized representative of a memordance with section 605.0203 (1) (b), Florn submitted in a document to the Depa	nber. Iorida Statuto	es.	e listed
If the date inserted in this bocument's effective date on t CLE VI: Other provisions, if REQUIRED SIGNATU Sig This doc I am awa	RE: Scott L. Inature of a member or a ument is executed in according that any false informations a third degree felony as	an authorized representative of a memordance with section 605.0203 (1) (b), Florn submitted in a document to the Department of the Departm	nber. Iorida Statuto	es.	e listed
If the date inserted in this bocument's effective date on t CLE VI: Other provisions, if REQUIRED SIGNATU Sig This doc I am awa	RE: Scott L. Inature of a member or a ument is executed in according that any false informations a third degree felony as	an authorized representative of a memordance with section 605.0203 (1) (b), Flor submitted in a document to the Department of the Departme	nber. Iorida Statuto	es.	e listed
If the date inserted in this bocument's effective date on t CLE VI: Other provisions, if REQUIRED SIGNATU Sig This doc I am awa	RE: Scott L. Inature of a member or a ument is executed in according that any false informations a third degree felony as	an authorized representative of a memordance with section 605.0203 (1) (b), Florn submitted in a document to the Department of the Departm	nber. Iorida Statuto	ess.	
If the date inserted in this becument's effective date on to the CLE VI: Other provisions, if REOUIRED SIGNATU Signature This doct I am awa constitute	RE: Scott L. Inature of a member or a ument is executed in according that any false informations a third degree felony as Typed of	an authorized representative of a memordance with section 605.0203 (1) (b), Florn submitted in a document to the Department of Signes of Signes illing Fees:	nber. lorida Statuto riment of Sta	es.	
If the date inserted in this bocument's effective date on to CLE VI: Other provisions, if REOUIRED SIGNATU Signature This doct I am awa constitute \$125.00 Filing Fee for	RE: Coll 1. Inature of a member or a ument is executed in according to that any false information at the collection of	an authorized representative of a memordance with section 605.0203 (1) (b), Florn submitted in a document to the Department of Signer or printed name of signer	nber. lorida Statuto riment of Sta	ss. ate 19 FEB 15	
If the date inserted in this bocument's effective date on to CLE VI: Other provisions, if REOURED SIGNATU Sig This doc I am awa constitute \$125.00 Filing Fee for \$30.00 Certified Cop	RE: Coll 1. Inature of a member or a ument is executed in according to the any false information at the angle of the a	an authorized representative of a memordance with section 605.0203 (1) (b), Florn submitted in a document to the Department of Signes of Signes illing Fees:	nber. lorida Statuto riment of Sta	s. de 19 FEB 15 PM	
If the date inserted in this bocument's effective date on to CLE VI: Other provisions, if REQUIRED SIGNATU Sig This doc I am awa constitute \$125.00 Filing Fee for \$30.00 Certified Cop	RE: Coll 1. Inature of a member or a ument is executed in according to the any false information at the angle of the a	an authorized representative of a memordance with section 605.0203 (1) (b), Florn submitted in a document to the Department of Signes of Signes illing Fees:	nber. lorida Statuto riment of Sta	ss. ate 19 FEB 15	