# 19000009D

(Requestor's Name)	
(Address)	
(Address)	<del></del>
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

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## **COVER LETTER**

TO: New Filing Se Division of Co			
SUBJECT: MCGC	ecry SolutionS Name of Lin	, LL C nited Liability Company	
The enclosed Articles o	f Organization and fee(s) are	e submitted for filing.	
Picase return all corresp	ondence concerning this ma	atter to the following:	
_Chris	topher Ryan M	Name of Person	
		Firm/Company	
128 51	nady Branch tro	Address	
Orma	nd Beach, FL	32174 City/State and Zip Code	
	opher. C. Mcgarry		
		for future annual report notificat	ion)
For further information c	oncerning this matter, please	e call:	
		786 ) 871-4942 rea Code Daytime Telephon	
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

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:			
MCGarry Solution	S, LLC.		-
(Must contain the words "	Limited Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the I	imited Liability Company is:	
Principal Office Addr	ress:	Mailing Add	iress:
128 Sheety Breach Train	<u> </u>	128 Sheedy Brence Ormand Beach,	L Trail
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida of the standard and the Florida of the standard of the	is its own Registered / egistration.)		ndividual or
The name and the Florida street address of the r	registered agent are.		
<u>Chris</u>	topher Ryan	MCGerry _	
	hady Branch et address (P.O. Box)		
		25.5	

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..

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Christopher Rycen McGarry 128 Shady Branch Trail Ormand Beach, FL 32174
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)  e: If the date inserted in this block does not	te of filing:
FICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)  e: If the date inserted in this block does not document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be list it of State's records.
FICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)  e: If the date inserted in this block does not document's effective date on the Department of CICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be list it of State's records.
ricle V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.)  ie: If the date inserted in this block does not document's effective date on the Department ricle VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list at of State's records.
FICLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.)  te: If the date inserted in this block does not document's effective date on the Department of TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic date of the Department of a magnetic decimal of the Department of a magnetic decimal of the Department of the Departm	meet the applicable statutory filing requirements, this date will not be list it of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30,00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)