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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
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Email Address: stmclean@gmail.com

19 MAR 20 AM 11:45
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**FLORIDA LIMITED LIABILITY CO.
McLean Property Management LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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MAR 20 2019

2019 MAR 20 AM 11:45



COVER LETTER

March 19, 2019

To: New Filing Section
Division of Corporation

**Subject: McLean 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:

Kalpesh J. Patel, Esq.
FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

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19 MAR 20 AM 11:15

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

Articles Of Organization
For
McLean Property Management LLC
A
Florida Limited Liability Company

ARTICLE I

Name

The name of the Limited Liability Company is: McLean Property Management LLC (the Company).

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is:

23510 Vistamar Court
Land O Lakes, Florida 34639

ARTICLE III

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

Stuart Mclean
23510 Vistamar Court
Land O Lakes, Florida 34639

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..

Stuart McLean (sign)

(CONTINUED)

ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>AMBR</u>	<u>Stuart Mclean</u> 23510 Vistamar Court Land O Lakes, Florida 34639
<u>AMBR</u>	<u>Stacey Reneau McLean</u> 23510 Vistamar Court Land O Lakes, Florida 34639

ARTICLE IV:

The Effective date shall be the date of filing.

Stuart McLean (sign)

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.

Stuart Mclean
Authorized Representative/Member