L19000250666

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Name)	
,		
(Dac	ument Number)	
(555		
Contilled Coning	Cartification of	Chatus
Certified Copies	Centricates of	Status
<u> </u>		
Special Instructions to F	iling Officer:	

Office Use Only



400335879614

400335873614 10/17/19--01022--004 **180.00

C RICO OCT 17 2019 19 OCT 17 (A) 12: 23

THE TENED TO THE STREET OF

2818 OCT 17 PM 1:21

智部計構

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: McC/t/an Coup, L-L-C. 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:
Torry McClellan
90 DJ Lanc
Address
City/State and Zip Code + Commerce Commer
For further information concerning this matter, please call:
Torry McClellan at (850) 264-7138 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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:
The McClellan Gan; L.L.C. (Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")
(Must contain the words "Elimited Enablity Company." Million of Edge.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
90 DJ Lane Quincy, FL 32352 Quincy, FL 32352
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: Tocay McClellan Name
90 01 Lane
Florida street address (P.O. Box NOT acceptable)
Duineu FL 32352
City FL 32352 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 portion as registered agent as provided for in Chapter 605, F.S Degistered Agent's Signature (REQUIRED)
(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager Authorized Member	Name and Address: Torry McClellary Torry Lane Duncy, FL 3252	
(Use attachment if necessary)	(ONT)(O): 11)	
RTICLE V: Effective date, if other than the date of f an effective date is listed, the date must be specille date of filing.) Sote: If the date inserted in this block does not meeting.	f filing:	
RTICLE V: Effective date, if other than the date of f an effective date is listed, the date must be speci-	effic and cannot be more than five business days prior to or 90 day set the applicable statutory filing requirements, this date will not be l	
RTICLE V: Effective date, if other than the date of f an effective date is listed, the date must be specified date of filing.) Sote: If the date inserted in this block does not meet the document's effective date on the Department of RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE:	effic and cannot be more than five business days prior to or 90 day set the applicable statutory filing requirements, this date will not be l	
RTICLE V: Effective date, if other than the date of f an effective date is listed, the date must be specified date of filling.) Note: If the date inserted in this block does not meet document's effective date on the Department of RTICLE VI: Other provisions, if any.	rific and cannot be more than five business days prior to or 90 ceet the applicable statutory filing requirements, this date will not be	

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

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)

2019 OCT 17 PH 1: 2