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**Division of Corporations Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20178000097 Phone : (727)279-5<del>0</del>37

: (727)888-1294 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### FLORIDA LIMITED LIABILITY CO. McGrath Group Holdings, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu



### **COVER LETTER**

Thursday, March 3, 2022

**New Filing Section** To: Division of Corporation

17278881294

### Subject: MCGRATH GROUP HOLDINGS, 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:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

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

Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

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

FL Patel Law PLLC

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#### ARTICLES OF ORGANIZATION

#### **FOR**

## MCGRATH GROUP HOLDINGS, LLC A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. Name

The name of the Limited Liability Company is: McGrath Group Holdings, LLC (the "Company").

## ARTICLE II. Address

The principal office and mailing address of the Company is:

19220 Isadora Street Venice, Florida 34293

# ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

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

FLP RA Services LLC 360 Central Avenue Suite 800 St. Petersburg, FL 33701

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.

Ada Reyes

FLP RA Services LLC (sign)

17278881294

#### ARTICLE IV. **Authorized Members and Managers**

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

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Alexandre McGrath 19220 Isadora Street Venice, Florida 34293
MGR	Angelie Raynault 19220 Isadora Street Venice, Florida 34293

#### ARTICLE V.

The Effective date shall be the date of filing.

(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.

> Alexandre McGrath Authorized Representative/Member