

L23000493030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

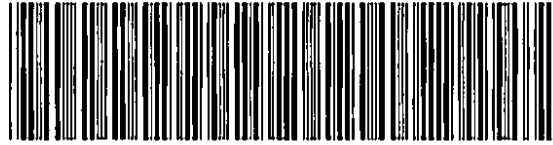
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Division of Corporations
State of Florida

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 100741 5156901

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 31, 2023

ORDER TIME : 1:40 PM

ORDER NO. : 100741-005

CUSTOMER NO: 5156901

DOMESTIC FILING

NAME: TEAM MCCORMICK LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

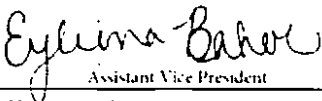
**ARTICLES OF ORGANIZATION
TEAM MCCORMICK LLC**

Article 1. The name of this Limited Liability Company is Team McCormick LLC.

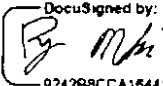
Article 2. The street address of the principal office of the Limited Liability Company is: 5000 Kernan Blvd S, Apt 713, in the City of Jacksonville, County of Duval, 32224.

Article 3. The Limited Liability Company's registered agent's name and registered address are Corporation Service Company, 1201 Hays Street, Tallahassee, Florida, 32301.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

BY:  (Registered Agent)
NAME: Eyliena Baker
DATE: 10/31/2023

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Fla. Stat. Ann. § 817.155.

BY:  (Organizer)
NAME: Ryan McCormick
DATE: 10/31/2023

2023 OCT 31 07:13:33