

L24000258415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

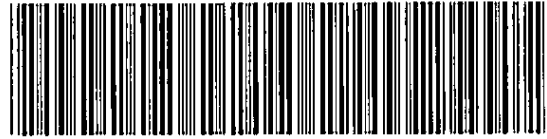
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE, FL

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STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MCR FAMILY BUSINESS, LLC

Please Debit FCA000000003 For: 125

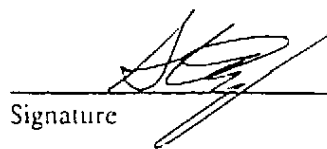
Thank you Seth Neeley



- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

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Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
MCR FAMILY BUSINESS, LLC  
(a Florida Limited Liability Company)

The undersigned executes these Articles of Organization to form a limited liability company under the laws of the State of Florida, and declares that the following articles shall serve as the charter and authority for the conduct of business of the limited liability company.

ARTICLE I.  
NAME

The name of the limited liability company is MCR FAMILY BUSINESS, LLC.

ARTICLE II.  
ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

**Principal Office Address:**

5605 Juel Gill Road  
Myakka City, FL 34251

**Mailing Address:**

5605 Juel Gill Road  
Myakka City, FL 34251

ARTICLE III.  
REGISTERED AGENT, REGISTERED OFFICE,  
REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

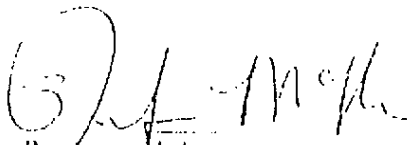
JENNIFER MCREE  
5605 Juel Gill Road  
Myakka City, FL 34251

*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, Florida Statutes.*

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STATE OF FLORIDA

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Registered Agent Signature

ARTICLE IV.  
MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each manager or managing member is as follows:

Title:

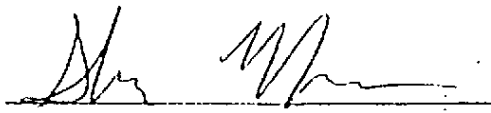
Name & Address:

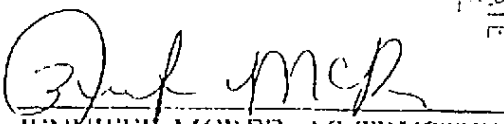
Manager (MGR)

JENNIFER MCREE  
5605 Juel Gill Road  
Myakka City, FL 34251

Manager (MGR)

SHAWN MCREE  
5605 Juel Gill Road  
Myakka City, FL 34251

  
SHAWN MCREE, AS TRUSTEE  
OF THE SHAWN MCREE AND  
JENNIFER MCREE REVOCABLE  
LIVING TRUST, dated May 15,  
2023, Member

  
JENNIFER MCREE, AS TRUSTEE  
OF THE SHAWN MCREE AND  
JENNIFER MCREE REVOCABLE  
LIVING TRUST, dated May 15,  
2023, Member

(This document is executed in accordance with section  
605.020(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 §.812.155, F.S.)

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