

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: This is a preliminary filing and not a cover sheet. The fee audit number shown below is on the top and bottom of all pages of the document.

(((H24000288221 3)))



H24000288221348CS

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DICKINSON WRIGHT PLLC

Account Number : 120190000026

Phone : (248)205-3227

Fax Number : (844)670-6009

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

Email Address: scavanaugh@dickinsonwright.com

FLORIDA LIMITED LIABILITY CO.

MACIVER HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FILED
2024 AUG 30 PM 3:57
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2024 AUG 30 PM 12:58

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TALLAHASSEE, FL

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Corporate Filing Menu

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(((H24000288221 3)))



August 29, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DICKENSON WRIGHT PLLC

SUBJECT: THE MACIVER COMPANY LLC
REF: W24000122957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "A limited liability company cannot have the words "Co" or "Company" unless the name of the limited liability company uses the phrase "&/And Co" or." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

A limited liability company cannot have the words "Co" or "Company" unless the name of the limited liability company uses the phrase "&/And Co" or "&/And Company" as it indicates there are more "associates/partners". "Companies" is also allowed in a limited liability company name as it is not defined in Statute 607.0401 as a corporate indicator.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew H Hitchcock
Regulatory Specialist II
New Filing Section

FAX Aud. #: H24000288221
Letter Number: 424A00019472

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MacIver 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:

Sarah B. Cavanaugh, Esq.

Name of Person

Dickinson Wright PLLC

Firm/Company

350 East Las Olas Boulevard, Suite 1750

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

scavanaugh@dickinsonwright.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah B. Cavanaugh

954

991-5423

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

((H24000288221 3))

FILED
2024 AUG 30 PM 3:57
CLERK OF CIRCUIT COURT
JESSIE L. HARRIS
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(((H24000288221 3)))

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maclver Holdings, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:350 East Las Olas Boulevard, Suite 1750
Fort Lauderdale, FL 33301**Mailing Address:**c/o Alexander John-James Maclver
383 William Hersey Blvd.
Markham, ON, Canada L6C2W6**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:

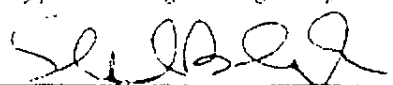
Sarah B. Cavanaugh

Name

350 East Las Olas Boulevard, Suite 1750Florida street address (P.O. Box **NOT** acceptable)

<u>Fort Lauderdale</u>	<u>FL</u>	<u>33301</u>
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 FILED
 CLERK OF DISTRICT COURT
 1ST JUDICIAL CIRCUIT
 IN AND FOR THE COUNTY OF DADE
 FLORIDA

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Alexander John-James MacIver
383 William Berczy Blvd.
Markham, ON, Canada L6C2W6

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DecuSigned by:

Alexander MacIver

/091565446/28465

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.

Alexander John-James MacIver

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2024 AUG 30 PM 3:57
 DEPT. OF STATE
 FLORIDA
 711-FD