

L24000456603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



000438441740

2024 OCT 29 PM 3:01

RECEIVED

2024 OCT 29 PM 3:01  
STATE OF FLORIDA  
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

McLOVIN LIFE, LLC.

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

11 • Pender • Printing • Tallahassee, FL 32301

\_\_\_\_\_ 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 \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
McLOVIN LIFE, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is **McLOVIN LIFE, LLC**.

**ARTICLE II - ADDRESS**

The limited liability company's mailing address is 6930 Longboat Dr. South, Longboat Key, Florida 34228 and the street address of the principal office is 6930 Longboat Dr. South, Longboat Key, Florida 34228.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S ACCEPTANCE**

The name and address of the registered agent and office is:

Blalock Walters, P.A.  
802 11<sup>th</sup> Street West  
Bradenton, Florida 34205

*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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of such duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.*

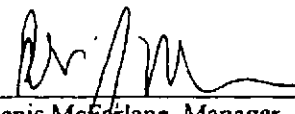
Blalock Walters, P.A., a professional  
corporation

By:   
Matthew Plummer, Principal

**ARTICLE IV - MANAGEMENT**

The limited liability company is to be manager-managed. The initial manager shall be Denis McFarlane. The initial manager's address shall be 6930 Longboat Dr. South, Longboat Key, Florida 34228.

IN WITNESS WHEREOF, these Articles of Organization are executed on this 28<sup>th</sup> day of October, 2024.

By:   
Denis McFarlane, Manager