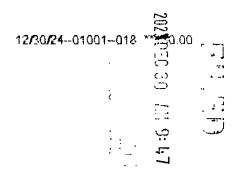
C240UU531522

(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.
Special instructions to raining officer.

Office Use Only



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2024 DEC 30 PH 2: 02

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJE	McClellan Properties LLC				
_	Name of Limited Liability Company				
The enc	losed Articles of Organization and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this matter to the following:	20			
	Jerry R. Collado	202 9 DEC			
	Name of Person	0 0			
	CMP International Business Consulting Group Inc	;			
	Firm/Company				
	11401 SW 40th St, Suite 470				
	Address				
	Miami, Florida, 33165				
	City/State and Zip Code Jcollado@cmpinternational.biz				
	E-mail address: (to be used for future annual report notification)				
For further	information concerning this matter, please call:				
	Jerry R. Collado 786 503-5080				
	Name of Person Area Code Daytime Telephone Nu	ember			
Enclosed	is a check for the following amount:				
	0 Filing Fee ■S130.00 Filing Fee & ☐S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy Iditional copy is enclosed)			
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Strallahassee, FL 32314Tallahassee, FL 32314Tallahassee, FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ty Company is:				
McClellan Propertie					
(Must cont	tain the words "Limite	ed Liability Compa	ny, "L.L.C.," or "LLC.")		_
ARTICLE II - Address: The mailing address and street a	ddress of the principa	al office of the Limi	ted Liability Company is:		
<u>Princip</u>	al Office Address:		<u>Mailing Addres</u>	<u>s</u> :	202 M DE
11401 SW 40th St		1	1401 SW 40th St	•	
Unit 470			Unit 470		— (∵
Miami, Florida, 3316	Miami, Florida, 33165 Miami, Florida, 33165		liami, Florida, 33165		_မ
another business entity with an a		ed agent are: Business Consultin Name	ng Group inc	rii n.	<u>ા </u>
	Florida street addre		acceptable)		
	Miami	Florida	33165		
	City	State	Zip		
Having been named as registered a place designated in this certificate, t further agree to comply with the pro am familiar with and accept the obl	visions of all statutes igations of my position	pointment as registerelating to the proper as registered agen	ered agent and agree to act in the	his capacity	

(CONTINUED)

Ai	R٦	ľ	C	L)	E	ľ	V	
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Enrique Sierra 11401 SW 40th St, Suite 470 Miami, FL, 33165
	2025070 30
(Use attachment if necessary)	99
the date of filing.)	f filing: 12/27/2024 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	oute a records.
REQUIRED SIGNATURE:	2
I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Enrique Sierra	
1	yped 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)