

Requestor's Name
L99000000893

Address
tall f/ 2238 386-2171
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☒ Certified Copy ☒ Certificate of Status
☐ Mail out ☐ Will wait ☐ Photocopy

Articles

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R. A. Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign W. P. Verifier
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-02/12/99-01063-023
****346.25 ****346.25

L99-893

Name Availability	2217
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

RECEIVED
99 FEB 12 PM 3:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 1999

LOYD & BRANCH
1401 PEIDMONT
TALLAHASSEE, FL 32308

SUBJECT: THE MCALLEN, L.L.C.
Ref. Number: W99000003685

We have received your document for THE MCALLEN, L.L.C. and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 199A00006423

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 17 AM 10:07

**ARTICLES OF ORGANIZATION
OF
THE MCALLEN, L.L.C.**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 17 AM 10:07

ARTICLE I

Name

The name of this Limited Liability Company shall be **THE MCALLEN, L.L.C.**

ARTICLE II

Principal Place of Business and Mailing Address

The principal place of business and mailing address of the Limited Liability Company shall be 226 North Duval Street, Tallahassee, Florida 32301.

ARTICLE III

Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

ARTICLE IV

Management

The Limited Liability Company is to be managed by its member as set forth in its Regulations. The name and address of the member is:

Name
James M. Rudnick

Address
226 North Duval Street
Tallahassee, Florida 32301

ARTICLE V

Admission of Additional Members

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VI

Transfer of Member's Interest

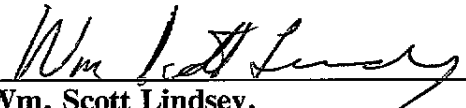
The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

ARTICLE VII

Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Wm. Scott Lindsey, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32312.

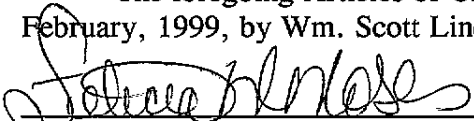
IN WITNESS WHEREOF, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 12th day of February, 1999.



Wm. Scott Lindsey,
Authorized Representative Of A Member

State of Florida
County of Leon

The foregoing Articles of Organization were acknowledged before me this 12th day of February, 1999, by Wm. Scott Lindsey.



Notary Public



Felicia M. Moses
MY COMMISSION # CC500677 EXPIRES
October 10, 1999
BONDED THRU TROY PAIR INSURANCE, INC.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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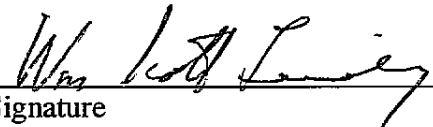
**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is THE MCALLEN, L.L.C.
2. The name and address of the registered agent and office is:

Wm. Scott Lindsey
1407 Piedmont Drive East
Tallahassee, Florida 32312

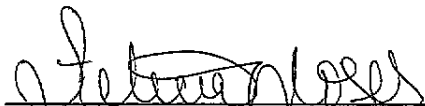
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT OF REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL 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.


Signature

2/12/99
Date

State of Florida
County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 12 day of February, 1999, by Wm. Scott Lindsey.


Notary Public



Felicia M. Moses
MY COMMISSION # CC500677 EXPIRES
October 10, 1999
BONDED THRU TROY FAIR INSURANCE, INC

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DIVISION OF CORPORATIONS
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**AFFIDAVIT OF MEMBERSHIP
AND CONTRIBUTIONS**

The undersigned authorized representative of a member of The McAllen, L.L.C., deposes and says:

1. The above-named limited liability company has at least one (1) member.
2. The cash contribution by the member is \$100.00 and an additional \$100.00 is anticipated to be contributed by the member.

Wm Scott Lindsey
Signature

2/12/99
Date

State of Florida
County of Leon

The foregoing Affidavit of Membership and Contributions was acknowledged before me this 12th day of February, 1999, by Wm. Scott Lindsey.

Felicia M. Moses
Notary Public



Felicia M. Moses
MY COMMISSION # CC500677 EXPIRES
October 10, 1999
BONDED THRU TROY PAUL INSURANCE, INC.

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DIVISION OF CORPORATIONS
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