

L99 00000 5438

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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****250.00 ****250.00

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****35.00 ****35.00

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

1. Maloy Associates, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 8/31

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 AUG 31 AM 11:45

RECEIVED

99 AUG 31 PM 3:39

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DIVISION OF CORPORATIONS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" 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
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

[Signature]

L99-5438

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MALOY ASSOCIATES, LLC

ARTICLE II - Address:

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

4430 RIVERWATCH DRIVE, BONITA SPRINGS, FL 34134

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual.

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Richard A. Maloy, 4430 Riverwatch Drive, Bonita Springs, FL 34134

Ann Marie Maloy, 4430 Riverwatch Drive, Bonita Springs, FL 34134

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Not applicable.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the Limited Liability

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99 AUG 31 PM 3:39

Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member of the occurrence of any other event which terminates the continued membership of a member in the Limited Liability company shall be:

Not Applicable.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____
Maloy Associates, LLC certifies:

- 1) The above named limited liability company has at least one member,
- 2) The total amount of cash contributed by the member(s) is \$ 500.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ ~~0~~
(A description of the property is attached and made a part hereof); and
- 4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 500.00

Signature of a member or an authorized representative of a member
(In accordance with Section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury, that the facts
stated herein are true.)



RICHARD A. MALOY

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99 AUG 31 PM 3:39

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is MALOY ASSOCIATES, LLC.

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

RICHARD A. MALOY

Name

4430 RIVERWATCH DRIVE

Florida street address(P.O. Box not acceptable)

BONITA SPRINGS, FL 34134

City, State and 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 I am familiar with and accept the obligations of my position as registered agent.


Signature

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