

L16000146761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

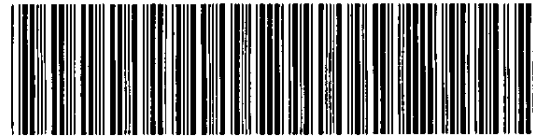
(Business Entity Name)

(Document Number)

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2016 JUN 30 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2016

RICHARD A. MCKINLEY  
2JMCK, LLC  
PO BOX 2228  
BARTOW, FL 33831

SUBJECT: 2JMCK, LLC  
Ref. Number: W16000047922

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TALLAHASSEE FLORIDA

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We have received your document for 2JMCK, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(B), Florida Statutes, requires the document(s) to be typed and signed by one person acting as an authorized representative.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 416A00014406

REC  
16 AUG -5 PM 3:15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2JMcK, LLC

(Must end with 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:

190 E. Davidson Street  
Bartow, FL 33830

Mailing Address:

PO Box 2228  
Bartow, FL 33831

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

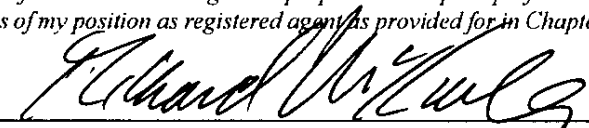
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Richard A. McKinley		
Name		
190 E. Davidson Street		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
Bartow	FL	33830
City	State	Zip

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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 as provided for in Chapter 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

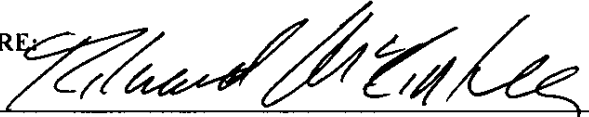
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager AMBR	Richard A. McKinley PO Box 2228 Bartow, FL 33830
AMBR	William C. Johnson PO Box 528 Waverly, FL 33877
AMBR	Charles Johnson PO Box 2228 Bartow, FL 33830

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 TALLAHASSEE, FLORIDA

(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:** 

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**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.

**RICHARD A. MCKINLEY**

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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)