

L03000022163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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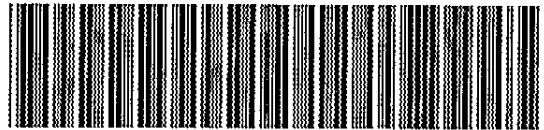
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Acknowledgement

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V. P. Verifier

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05/23/03--01050--013 **100.00

06/06/03--01061--005 **25.00

FILED
03 JUN 18 AM 8:30
FILING OFFICE
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① RA's signature
② RA fee

LHAW

Jesse Kilbrew
140B North One Drive
St. Augustine, FL, 32095

Phone: 904-823-1900

Fax: 904-823-9186

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03 JUN 18 AM 8:30

Tallahassee, Florida



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 29, 2003

JESSE KILLEBREW
140B NORTH ONE DRIVE
ST AUGUSTINE, FL 32095

SUBJECT: MK, LLC
Ref. Number: W03000015153

We have received your document for MK, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

The registered agent must sign accepting the designation.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 903A00033651

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MK, LLC

ARTICLE II - Address:

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

140B North One Drive
St. Augustine, FL 32095

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

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

Jesse Killebrew	
Name	
140B North One Drive	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
St. Augustine	FL 32095
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 as provided for in Chapter 608, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jesse Killebrew

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)