

L04000013999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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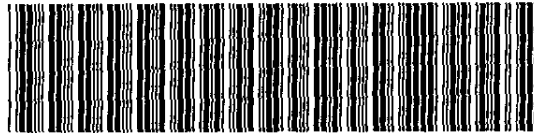
(Business Entity Name)

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04 FEB 20 PM 3:02
DIVISION OF CORPORATION

FILED
04 FEB 20 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

AUSLEY & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

February 20, 2004

FILED
FEB 20 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State's Office
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

RE: McKee Insurance Agency, LLC

Dear Sir or Madam:

Enclosed for filing are Articles of Organization for the above-referenced company and our check for \$155.00. Also enclosed is an extra copy of the Articles for the certified copy. Please call Chris Vause at 425-5446 when the certified copy is ready to be picked-up.

Thank you for your assistance.

Sincerely,



Chris Vause
Secretary to Robert A. Pierce

/cv

Enclosures

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**ARTICLES OF ORGANIZATION
OF
McKEE INSURANCE AGENCY, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is McKee Insurance Agency, LLC

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

1710 Thomasville Road
Tallahassee, Florida 32303

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Robert A. Pierce
227 South Calhoun Street
Tallahassee, Florida 32301

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

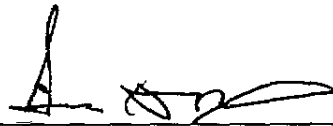


Robert A. Pierce, Registered Agent

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04 FEB 20 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 19 day of February, 2004.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.



Grover H. McKee, Jr., Member

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