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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: McKee Holdings, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Brett McKee	
Brett ///ckee (Name of Person)	
(Firm/Company)	
706 Turnbull Ave, St 103 (Address)	
Altamonte Springs, R. 32701 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Altamorte Springs, R. 32701 (City/State and Zip Code) For further information concerning this matter, please call: Brett Mckee at 813 469-2364 (Name of Person) (Area Code & Daytime Telephone Number) 28 28	7
SSFE. F	
OF STATE E. FLOTHER	
CERTIFIC ADDITION	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

office of the Limited Liability Company is:
Mailing Address:
706 Tumbul Av. Ste/03
106 Tumbul Av. Ste/03 Altamoste Springs, R. 32701
e, & Registered Agent's Signature: ed agent are:
Ste 103 OT acceptable)
ORIDA 3276/

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	Brett Mckee 1341 Lyonshire Dr.
MGRM	Wesley Chapel, Fl. 33543 Sara McKee 1341 Lyonshire O1. Wesley Chapel, Fl. 33543
	2004 SE1
(Use attachment if necessary)	APR-2 P
	added if an effective date is requested.
REQUIRED SIGNATURE:	.1
Signature of a member or an a	uthorized representative of a member.
(In accordance with section 608	.408(3), Florida Statutes, the execution

that the facts stated herein are true.)

Mckee
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)