

L 04060075968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



700041699787

10/20/04--01065 -018 **125.00

FILED
RECEIVED
04 OCT 20 PM 2:32 04 OCT 20 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*McKinley Enterprises of
Florida, LLC*

FILED
04 OCT 20 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ☒ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ☒ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: *WL*

Name _____

Date *10/20*

Time *11:00*

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION OF
McKINLEY ENTERPRISES OF FLORIDA, LLC.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - NAME:

The name of the Limited Liability Company is McKinley Enterprises of Florida, LLC.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 851 Whitfield Road, Freeport, Florida 32439.

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

Charles A. McKinley
851 Whitfield Road
Freeport, Florida 32439

**ARTICLE V - REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE:**

The street address of the initial registered office of this corporation in the State of Florida and the name of its initial registered agent at that office is as follows:

Charles A. McKinley
851 Whitfield Road
Freeport, Florida 32439

Having been named as registered agent and to accept service or 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.

FILED
04 OCT 2011 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHARLES A. McKINLEY
Registered Agent

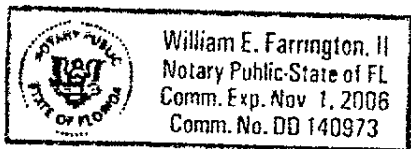
IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged them to be our act this 19th day of October, 2004.




CHARLES A. McKINLEY

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 19th day of October, 2004, by CHARLES A. McKINLEY, who is personally known to me or who produced Dr. License as identification.



Sign: 
Print: _____
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires: _____
My Commission Number: _____