

# L05000008165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

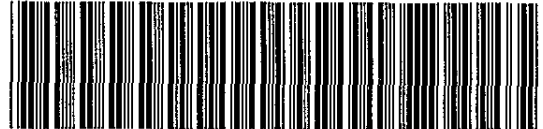
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Robert Shann McKenzie 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:

Robert Shann McKenzie  
(Name of Person)

Robert Shann McKenzie LLC  
(Firm/Company)

P.O. Box 587  
(Address)

Sopchoppy FL 32358  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shann McKenzie at ( )  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert Shann McKenzie LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Mailing Address:

P.O. Box 587  
Sopchoppy FL 32358

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

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

Shann McKenzie

Name

88 Byrd St.

Florida street address (P.O. Box **NOT** acceptable)

Sopchoppy FL 32358

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.

Shann McKenzie

Registered Agent's Signature

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

(CONTINUED)

**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" = Managing Member

**Name and Address:**

MGRM

Robert Shawn McKenzie  
P.O. Box 587  
Seepchappy FL 32358

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

R. Shawn McKenzie  
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.)

R. Shawn McKenzie  
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)

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05 JAN 26 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA