

LO50000010226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

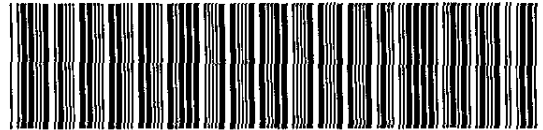
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TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

SUBJECT: B & T MCKINNIE 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:

BRENCELLA MCKINNIE

(Name of Person)

B & T MCKINNIE LLC

(Firm/Company)

2024 AURORA DRIVE

(Address)

NAVARRE, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherie Fischer

(Name of Person)

at (850)699-4561

(Telephone Number)

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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited liability Company is:

B & T MCKINNIE 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:

B & T MCKINNIE LLC

2024 AURORA DR

NAVARRE, FL 32566

B & T MCKINNIE LLC

2024 AURORA DR

NAVARRE, FL 32566

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

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

SHERIE FISCHER

Name

1524 W PONDEROSA RD

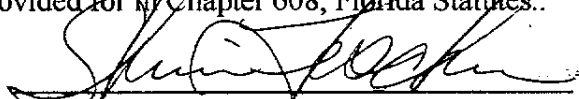
Florida street address (P.O. Box NOT acceptable)

FT WALTON BEACH, FL 32547

City, State, and Zip

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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 provision 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

ARTICLE IV – Manager(s) or Managing Members(s):

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

BRENCELLA MCKINNIE

2024 AURORA DR

NAVARRE, FL 32566

MGRM

TONEY MCKINNIE

2024 AURORA DR

NAVARRE, FL 32566

MGRM

MICHAEL WILLIAMS

2024 AURORA DR

NAVARRE, FL 32566

MGRM

AARON JONES

726 CLARK DR

FT WALTON BEACH, FL 32548

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

REQUIRED SIGNATURE:

Brenella McKinnie

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

(In accordance with section 608.407(3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true.)

Brenella McKinnie

Typed or printed name of signee

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TALLAHASSEE, FLORIDA