

LO7000084102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

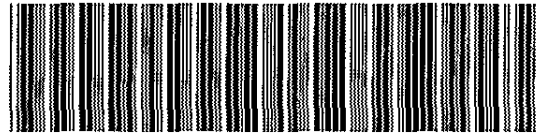
(Business Entity Name)

(Document Number)

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LO7-84102
AL

CAPITAL CONNECTION, INC.

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

MY A'Kelynn LLC

Signature _____

Requested by: SW 8/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ 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 _____

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**ARTICLES OF ORGANIZATION
OF
MY A'KELYN, L.L.C.
a Florida Limited Liability Company**

ARTICLE I Name

The name of the Limited Liability Company is: **MY A'KELYN, L.L.C.**

ARTICLE II. Street Address

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

**761 Avenue O, S.E.
Winter Haven, FL 33880**

ARTICLE III. Mailing Address

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

**P.O. Box 2763
Winter Haven, FL 33883**

ARTICLE IV.

Registered Agent, Registered Office, & Registered Agent's Signature

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

**Teri A. Dames
1683 Marshall Road, S.W.
Winter Haven, FL 33880**

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.

By:

Teri A. Dames

Registered Agent's Signature

ARTICLE V. Management

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

Connie Ogletree Gaffney
761 Avenue O, S.E.
Winter Haven, FL 33880

Dated: August 13th, 2007.

By: Connie Ogletree Gaffney
Connie Ogletree Gaffney
Managing Member

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