•
(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:
A. LUNT
AUG 1 2 2008
EXAMINES

Office Use Only



200134113252

08/11/08--01056--001 **160.00

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	_{ECT:} KingMac Servi	ice and Re	pair			
		(Name of Limite	d Liability Compa	iny)		
The er	nclosed Articles of Organizatio	n and fee(s) are s	submitted for filing	3.		
Please	return all correspondence con-	cerning this matte	er to the following	•		
	Rhondy N. Mackey	у .				
		; (Name of Person)			
	KingMac Service	and Repail	r			
			(Firm/Company)		IALI SE	7009
	3565 NW 80th Te	rrace			AH. OREI	=
			(Address)		ARY SSE	
	Miami, FI 33147					ס [
		,	/State and Zip Code)	OHIO	? 0
For fu	rther information concerning th	;;			E.	71
Rho	endy N. Mackey	4	786 ·	859-469	95	
	(Name of Person)		ai (e & Daytime Te	lephone Number)	
Enclo	sed is a check for the follow	ing amount:				
\$125	.00 Filing Fee \$130.00 Certifica	Filing Fee & late of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filin Certificate of Certified Cop (additional copy	f Status & py
	P.O. Box	on Section of Corporations	Registration Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding ecutive Center see, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	;
KingMac Service and Repair, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
NONE	3565 NW 80th Terrace
	Miami, Fl 33147
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
Rhondy N. Mackey	
Name	SS - SS
3565 NW 80th Terra	· • • • • • • • • • • • • • • • •
Florida street ac	idress (P.O. Box <u>NOT</u> acceptable) > 1.9
Miami, FI 33147	FL OFF
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.

Registered Agent's Signature (REOLIRED

(CONTINUED)
Page 1 of 2

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

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

"MGRM" = Managing Member			
MGR	; .	Rhondy N. Mackey	
	· ·	3565 NW 80th Terrace	
		Miami, FI 33147	
MGR		Cosmore L. King	
		19558 NW 29TH PLace	
		Opa Locka, Fl 33056	
			Z S TAI
			150 屬
	·	· · · · · · · · · · · · · · · · · · ·	Fried -
	¥		
			<u> </u>
(Use attachment if necessary)			2: 0 7875 1875
			<i>></i> -
LF V: Effective date if other th	han the dat	te of filing:	(OPTIO)
LE V: Effective date, if other the			
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.)			
ffective date is listed, the date s			
ffective date is listed, the date in days after the date of filing.)			
ffective date is listed, the date s			
ffective date is listed, the date in days after the date of filing.)			
ffective date is listed, the date in days after the date of filing.)			
ffective date is listed, the date redays after the date of filing.) REQUIRED SIGNATURE:	must be sp		n five business c
ffective date is listed, the date redays after the date of filing.) REQUIRED SIGNATURE: Signature of a.	must be sp	pecific and cannot be more that	n five business c
ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a. (In accordance	must be sp	r an authorized representative of a	n five business of member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)