

L09000038299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

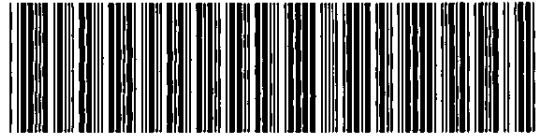
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900144707379

03/06/09--01019--004 **375.00

FILED
09 APR 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

EXAMINER

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2009

NEVILLLE ANDERSON
6858 75TH ST
MEDLEY, FL 33166

SUBJECT: MK 1 LLC
Ref. Number: W09000011240

We have received your document for MK 1 LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 709A00008169

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is :

MK IA LLC

(must end with the words "Limited Liability Company, "L,L,C, or LLC")

ARTICLE 11 -Address:

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

Principal Office Address:

6858 NW 75TH ST.
MEDLEY FL 33166

Mailing Address:

6858 NW 75TH ST.
MEDLEY FL 33166

ARTICLE 111- Registered Agent, Registered Office, & Registered Agent's Signature;

(The Limited Liability Company Cannot serve as its registered agent. You must designate as individual or another business entity with an active Florida registration.)

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

NEVILLLE ANDERSON

Name

6858 NW 75TH ST.

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

MEDLEY FL 33166

City, State, and Zip

FILED
09 APR 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

ARTICLE 1V- Manager(s) 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:

MGGRM

MICHEAL G. KEENER

6858 NW 75TH ST.

MEDLEY FL 33166

FILED
09 APR 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be soecific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Mike Keener

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

(In accordance with section 608(3), Florida Statuted, the excution of this document constitutes an affirmation under the the penalties of perjury of perjury that the facts stated herein are true