

L13 0000 45339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

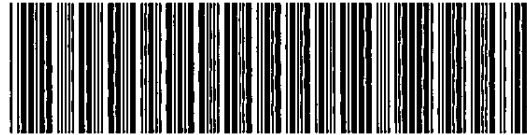
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/26/13--01017--018 **130.00

2013 MAR 26 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LARRY M. STEWART, P.A., Attorney at Law

73 S.W. Flagler Avenue, Stuart, FL 34994
Post Office Box 809, Stuart, FL 34995
Office (772) 283-8191
Facsimile (772) 283-4396
lms2ep@bellsouth.net

March 25, 2013

VIA: FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: EK 4 US Resources, LLC.

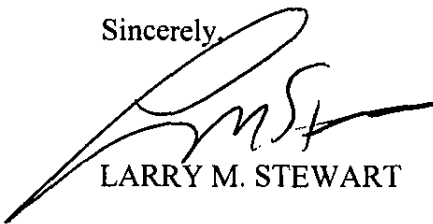
Dear Sirs:

Enclosed please find Articles of Organization for EK 4 US Resources, LLC. Also enclosed please find our check in the amount of \$130.00 for your filing fee.

Please return the Certificate of Status to our office at the address above.

Thank you for your assistance in this matter.

Sincerely,



LARRY M. STEWART

LMS/sfn

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EK 4 US Resources, 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:

Kevin McKay, D.C.

Name of Person

Firm/Company

969 S.E. Central Parkway

Address

Stuart, FL 34994

City/State and Zip Code

drkevinmckay@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin McKay, D.C.

at (**772**) **283-0109**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2013 MAR 26 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EK 4 US Resources, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

969 SE Central Parkway
Stuart, FL 34994

Mailing Address:

969 SE Central Parkway
Stuart, FL 39494

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kevin McKay, D.C.

Name

969 SE Central Parkway

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

Stuart, FL 34994

FL

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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

Kevin McKay, D.C.

Stuart, FL 34994

Elizabeth McKay, M.D.

Stuart, FL 34994

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kevin McKay, D.C.

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA
COUNTY OF ALBANY

2013 MAR 26 AM 11:01

