L14000038126

(Re	questor's Name)	·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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R. ROSTICK
MAR - 62014
EXAMINER

COVER LETTER

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Pleas Enterpris	es uc
mited Liability Company	······································
are submitted for filing.	
natter to the following:	
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Name of Person	
Firm/Company	
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Address	
City/State and Zip Code	7.2
JM	ation)
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ase call:	
904 452-6405	_
Area Code Daytime Te	lephone Number
□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street/Courier Add	ress
Registration Section Division of Corporat	ions
Clifton Building 2661 Executive Cent	
	re submitted for filing. natter to the following: I Name of Person Firm/Company Address City/State and Zip Code IM Id for future annual report notificates ase call: GUY Area Code Daytime Te Street/Courier Address Street/Courier Address Street/Courier Address Clifton Building

Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•		
Pleas Enterpirses LLC. (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC	C.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company	y is:	
Principal Office Address:	Mailing Address:		
3608 Trail Ridge Rd MIddleburg FL	3608 Trail Ridge Rd Middleburg FL		
32068	32068		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate	e an individua	ر l or يا الا
The name and the Florida street address of the registered at	gent are:		: .
Steven Pleas McKinney II		*무 🖒	A
Name		÷ 70	
4464 TUmbleweed Rd		, QJ	: 223279
Florida street address (P.O. Box N	NOT acceptable)	58	
Middleburg	FL 32068	**	
City	Zip		
Having been named as registered agent and to accept servithe place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature.	he appointment as registered agent a all statutes relating to the proper and ations of my position as registered age 605, F.S	ind agree to ac d complete per	et in this formance

(CONTINUED)

Page 1 of 2

<u> Fitle;</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Steven P McKinney II
·	4464 TUmbleweed Rd
	Middleburg FL 32068
	
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Use attachment if necessary)	ا ميره سد. اليون الله الله الله الله الله الله الله الل
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2014

STEVEN PLEAS MCKINNEY II 4464 TUMBLEWEED ROAD MIDDLEBURG, FL 32068

SUBJECT: MCKINNEY ENTERPRISES LLC

Ref. Number: W14000011137

We have received your document for MCKINNEY ENTERPRISES LLC and your check(s) totaling \$130.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000101709.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 814A00003834