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(Re	questor's Name)		_
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	-
Special Instructions to	Filing Officer:		۱
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TALLANASSECTERIO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bankey & Associates, LLC	
Name of Li	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
J Michael Childress	
	Name of Person
J Michael Childress CPA PC	·
<u> </u>	Firm/Company
3611 Braselton Highway, Suite 10	Address
Dacula, GA 30019	
	City/State and Zip Code
jen@mchildress.com E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pl	ease call:
J Michael Childress at (678) 482-4542
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Bankey & Associates, LLC (Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princi		
Principal Office Address:	Mailing Address:	
401 Laurel Lane Palm Harbor, FL 34683	401 Laurel Lane Palm Harbor, FL 34683	
ARTICLE III - Registered Agent, Registered Off The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	own Registered Agent. You must designate an individual or tration.)	
David S. Bankey	Jame	
401 Laurel Lane Florida street address (P.O.	. Box <u>NOT</u> acceptable)	
Palm Harbor City	Ft. 34683 Zip	
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the Registered agent's S	apt service of process for the above stated limited liability compacept the appointment as registered agent and agree to act in sions of all statutes relating to the proper and complete perform the obligations of my position as registered agent as provided for Chapter 605, F.S. Signature (REQUIRED) TINUED) EL of 2	this nance

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	David S. Bankey
	401 Laurel Lane
	Palm Harbor, FL 34683
	,
(Use attachment if necessary)	
ective date is listed, the date must of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90
Ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the accordance with section constitutes an affirmation I am aware that any false	a member of an authorized representative of a member. on 605 203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
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ARTICLE IV-