

L14000/63224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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(Business Entity Name)

(Document Number)

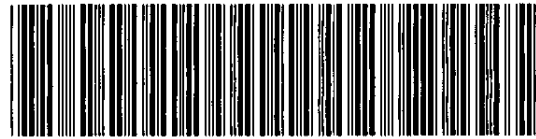
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OCT 20 2014

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FALMACEE FLORIDA

14 OCT 20 PM 2:32

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DIVISION OF CORPORATIONS

14 OCT 20 PM 2:05

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JCT 20 PM 2:32  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Apalachee Rentals, MKF, 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:

Melissa Forehand  
Name of Person

\_\_\_\_\_  
Firm/Company

3416 Prock Drive  
Address

Tallahassee, FL 32311  
City/State and Zip Code

birdingtreefrog@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Forehand at ( 850 ) 510-4877  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
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:

Apalachee Rentals MKF, 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:**

3416 Prock Dr.

Tallahassee, FL 32311

**Mailing Address:**

3416 Prock Dr.

Tallahassee, FL 32311

**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:

Melissa Forehand

Name

3416 Prock Dr.

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

Tallahassee

FL 32311

City

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 605, F.S.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

14 OCT 20 PM 2:32

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AMBR**

**Melissa Forehand**

3416 Prock Dr.

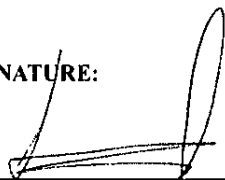
Tallahassee, FL 32311

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member,**

(In accordance with section 605.0203 (1) (b), 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.)

Melissa Forehand

Typed or printed name of signee