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J. Shivers JAN 20 7015

COVER LETTER

TO:				
SUBJI	ECT: <u>Myken Fan</u>	nily Property LLC Name of Lin	mited Liability Company	
The en	closed Articles of C	Organization and fee(s) a	re submitted for filing.	
Please	return all correspor	dence concerning this m	natter to the following:	
SUBJECT: Myken Family Property 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: Kimberly E. Scruggs Name of Person Firm/Company 559 Pinebrook Circle Address Cantonment, FL 32533 City/State and Zip Code kimescruggs@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kimberly Scruggs Name of Person at (850) 361-6823 Name of Person Enclosed is a check for the following amount: □ \$125.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) **Mailing Address* Registration Section **Registration Section **Street/Courrier Address* Registration Section				
			, value of religion	
			Firm/Company	
	559 Pinebroo	ok Circle	Address	
	Cantonment,		City/State and Zin Code	<u> </u>
kir	mescruggs@gma E	il.com		ation)
For fur	ther information co	ncerning this matter, plea	ase call:	
Kimbe				lephone Number
Enclos	ed is a check for the	following amount:		
□ \$125.0	0 Filing Fee 🛮 🖸	_	Certified Copy	Certificate of Status & Certified Copy
,	Registrat			

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:		
Myken Family Property LLC		
(Must end with the words "Limite	ed 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:	Mailing Address:	
Kimberly E, Scruggs		
559 Pinebrook Circle		
Cantonment, FL 32533		
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	vn Registered Agent. You must designate an individu	ual or
The name and the Florida street address of the registere	ed agent are:	
Kimberly E. Scruggs		
Nam	ne	
559 Pinebrook Circle		
Florida street address (P.O. Bo	ox NOT acceptable)	
•		
<u>Cantonment</u> City	FL 32533 Zip	
City	Ζιμ	
capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o	ept the appointment as registered agent and agree to	act in this performance
Kimberly & S. Registered Agent's Sign	nature (REQUIRED)	15 J
(CONTINI	(UED)	A .
Page 1 of		

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Kenneth R Scruggs
	15040 Rena Lane
	Pensacola, FL 32507
AMBR	Myra Scruggs
	15040 Rena Lane
	Pensacola, FL 32507
AMBR	Kenneth R Scruggs Jr
	559 Pinebrook Circle
	Cantonment, FL 32533
AMBR	Starla K Reid
	538 Pinebrook Circle
	Cantonment
E V: Effective date, if other than the datective date is listed, the date must be s	te of filing: January 1, 2015 (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the datective date is listed, the date must be s of filing.)	te of filing: January 1, 2015 (OPTIONAL)
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation unclined in the section 6 and 2 am aware that any false info	pecific and cannot be more than five business days prior to or 90 pecific and cannot be more than five business days prior to or 90 peripher or an authorized epresentative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
E V: Effective date, if other than the date extive date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	pecific and cannot be more than five business days prior to or 90 pecific and cannot be more than five business days prior to or 90 periper or an authorized eppesentative of a member. 100.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 101.0203 (1) (b), Florida Statutes, the Department of State only as provided for in s.817.155, F.S.)
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ARTICLE IV-

Attachment: Myken Family Property LLC

Article IV - Continued

<u>Titie:</u>	Name and Address:	
AMBR	Jack S Scruggs	
	516 Pinebrook Circle	
	Cantonment, FL 32533	
AMBR	Kimberly E Scruggs	
	559 Pinebrook Circle	
	Cantonment, FL 32533	
AMBR	Cheyenne D Reid	
	538 Pinebrook Circle	
	Cantonment, FL 32533	
AMBR	Lisa A Scruggs	
	516 Pinebrook Circle	
	Cantonment, FL 32533	

Kimberly E. Scruggs
Kimberly E. Scruggs

SECRETARY DI SIMIE