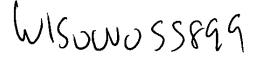
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Filin	g Officer:	

Office Use Only



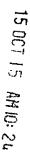
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T. SCOTT



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FLORIDA DEPARTMENT OF STATE CRETARY OF STATE Division of Corporations TALL AHASSEE FLORIDA

August 21, 2015

MATHEW C MCKEEHAN MATT MCKEEHAN COURT SERVICE LLC 2728 N PACE BLVD PENSACOLA, FL 32505

SUBJECT: MATT MCKEEHAN COURT SERVICES LLC

Ref. Number: W15000055899

We have received your document for MATT MCKEEHAN COURT SERVICES 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 115A00017671

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Matt McKeehan Court Services. LL 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:
Matthew C Mckeehan Name of Person
Matt Mckeehan Court Service UC Firm/Company
2728 NPACE BIUD Unit B
Address
Pensacola Florida 32505 City/State and Zip Code Matter Mmbbinc .com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matt-McKEEhaw at (850) 232-990 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

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:		
· Matthew C Mckeehan		
Florida street address (P.O. Box NOT acceptable)		
Pensacola FC 32588 City State 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)		
Page 1 of 2		

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Malthew & Make shows 2728 NPACE BIUD Rensacore FL 32005
·	
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be specifithe date of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	7
/// 5	
This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. iformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Mouther	C Mcleachen Typed or printed name of signee

Filing Fees:

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