

# L16000070401

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

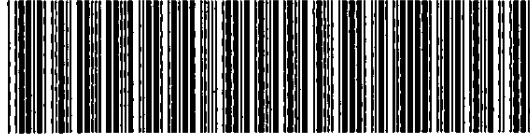
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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16 APR 11 AM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gulligan APR 14 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 437 Red Sail Way, 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:

Michelle McKinney  
Name of Person  
437 Red Sail Way, LLC  
~~MS Realty, LLC~~  
Firm/Company  
437 Red Sail Way,  
Address  
Satellite Beach, FL 32937  
City/State and Zip Code  
j.mckinney@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle McKinney at ( 321 ) 537-4706  
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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2016

MICHELLE MCKINNEY  
433 RED SAIL WAY  
SATELLITE BEACH, FL 32937

SUBJECT: 437 RED WAY WAY, LLC  
Ref. Number: W16000023950

RECEIVED  
16 APR 11 PM 12:52  
TALLAHASSEE, FL 32301

We have received your document for 437 RED WAY WAY, 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 document is not legible for imaging purpose. The print is not dark enough.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 916A00006619

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

437 Red Sail Way, 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:

433 Red Sail Way  
Satellite Beach FL 32937

Mailing Address:

433 Red Sail Way  
Satellite Beach, FL 32937

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:

Michelle McKinney  
Name

433 Red Sail Way

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

Satellite Beach FL 32937

City

State

Zip

16 APR 11 AM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

Michelle McKinney  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

original

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Am BR MGR

Am BR

Am BR

**Name and Address:**

Michelle McKinney  
433 Red Sail Way  
Satellite Beach FL 32937

Thomasine B. Miller  
417 Wincanton Place  
Venice, FL 34293

Gerald W. Miller  
417 Wincanton Place  
Venice, FL 34293

(Use attachment if necessary)

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

Michelle McKinney

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michelle M. McKinney

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)