

Office Use Only



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05/16/16--01031--014 **125.00

16 JUN -2 AM 7:00

COVER LETTER

Division of Corporations
SUBJECT: GUNNEY MAC INDUSTRIES, 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:
Steven B. PACKET Name of Person
Name of Person
Gunner MAC INDUSTRIES
Firm/Company
26 HILDVETL Dr. Address
Address
ST. Augustine, FL. 32084 City/State and Zip Code Gunner MAC Insustries & GMAIL. Com
City/State and Zip Code
GUNNER MAC LABUSTRIES @ GMAIL COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven PACKEY at (467) 212-2701 Name of Person Area Code Daytime Telephone Number
The Code Bayenie Pelophone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2016

STEVEN B. PACKER 26 HILDRETH DR ST. AUGUSTINE, FL 32084

SUBJECT: GUNNER MAC INDUSTRIES, LLC

Ref. Number: W16000037370

We have received your document for GUNNER MAC INDUSTRIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 316A00010880

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: '

The name of the Lin	nited Liability Compan	ıy is:	1124	ACIAIC	10	' /	
	ited Liability Compar	MAC	Indi	tries		C :	
	(Must end with the w	ords "Limited l	Liability Compar	ny, "L.L.C.," c	or "LLC.")		
ARTICLE II - Add The mailing address	Iress: and street address of t	he principal off	fice of the Limite	ed Liability Co	ompany is:		
	Principal Office	Address:		<u>N</u>	<u> Iailing Address</u>	<u>}</u> :	
26 57	HILBYE	+L DI =L 32084	<u>_</u> _	26 57.	HILDI HUG,	teth 54 3208	pr L
(The Limited Liabili	gistered Agent, Registity Company cannot settity with an active Flor	rve as its own F	Registered Agent			idual or	
The name and the Fi	lorida street address of						
	57	FEVEN	B. P.	ACKEV	_		
		,	Name		····		
	26	HILI.	steff.	Dr			
	Fiorida	street address	(P.O. Box NOT	acceptable)			
	<i>5</i> 7.	Aug	State	320	084		
		City	State	Zip			
lace designated in the urther agree to comp	s registered agent and t is certificate, I hereby a ly with the provisions of accept the obligations o	ccept the appoi fall statutes rela f my position as	intment as register ating to the propers registered agen	red agent and er and complet t as provided fo	agree to act in the performance of or in Chapter 60	his capacity. of my duties, o 05, F.S	1
		Kegister	ed Agent's Signa	ature (REQUI	RED)		
			(CONTINUED)		.71 ~14	
			Page 1 of 2			理论是持续	16 JUH-2
						THE SECTION	-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
CEO + President+M6x.	26
President+MGX.	Steven B. PACKEY 26 HILDVETL DY St. Hug. FL 32089
(Use attachment if necessary)	
EV: Effective date, if other than the date of ective date is listed, the date must be specifing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be State's records.
EV: Effective date, if other than the date of fective date is listed, the date must be specified of filing.) If the date inserted in this block does not mee	fic and cannot be more than five business days prior to or 90 date the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) If the date inserted in this block does not mee ment's effective date on the Department of St. EVI: Other provisions, if any. REQUIRED SIGNATURE.	ic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be state's records.
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