L16000146761

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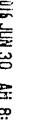
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SECRETARY OF STATE



COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	2JMcK		
SOBJECT		f Limited Liability Company	
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	
Please retu	um all correspondence concerning th	is matter to the following:	
	Richard	1 A. McKinley	201 FAL
		Name of Person	AH AH
	McKin	nley Law Firm, PA	GRETARY OF STATE
		Firm/Company	200 A
	РО Во	x 2228	9: 4
		Address	200
	Bartov	v, FL 33831	
	ioel@	City/State and Zip Code	
		used for future annual report notification)	
For further	information concerning this matter, p	olease call:	
	Richard A. McKinley	863 533 - 66 98	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:		
\$125.00 F		s Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Copy is enclosed)	00 Filing Fee, leate of Status & ed Copy nal copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2016

RICHARD A. MCKINLEY 2JMCK, LLC PO BOX 2228 BARTOW, FL 33831

SUBJECT: 2JMCK, LLC

Ref. Number: W16000047922

SECRETARY OF STATE

k(s) totaling

We have received your document for 2JMCK, 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):

Section 605.0203(1(B), Florida Statutes, requires the documents(s) to be typed and signed by one person acting as an authorized representative.,

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 416A00014406

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	2JMcK, LI	.C		
(Must end			pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal of	ffice of the Lim	nited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Ad	dress:
190 E. Davidson Street			PO Box 2228	
Bartow, FL 33830			Bartow, FL 33831	
	Richard A. McKinley Name			RETAR) AHASS
	190 E. Davidson Str			E O
Florida street address (P.O. Box NOT acceptable)				
	Domesti	FL	33830	
	Bartow			
	City	State	Zip	Lead In the Control of the Control o
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	City agent and to accept service, I hereby accept the apported to the apport of all statutes rebligations of my position of the accept the apport of the accept the acceptance of the acceptanc	State ice of process fo ointment as regi elating to the pro as registered ag	r the above stated limited listered agent and agree to a oper and complete performany as provided for in Chap (REQUIRED)	ct in this capacity. ance of my duties,

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager AMBR	Richard A. McKinley			
	PO Box 2228			-
	Bartow, FL 33830			-
AMBR	William C. Johnson	Ass	2016	
	PO Box 528	FC	<u> </u>	- _ ~*;
	Waverly, FL 33877	<u> </u>	<u> </u>	
AMBR	Charles Johnson	ASS	130	["
	PO Box 2228	m c	77-	_ ;
	Bartow, FL 33830	بي سا	K	_ 7
		1.5.1.1	œ	
		<u> </u>	-	-
•	- 1 - n			-
(Use attachment if necessary)				-
LEV: Effective date, if other than the date of fi				
fective date is listed, the date must be specific of filing.)	c and cannot be more than five bu	isinėss days prio	r to or S)0 da

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.

RICHARD A. MCKENLEY 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)

REQUIRED SIGNATURE

S 5.00 Certificate of Status (Optional)