

L16000192822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400291030214

10/17/16--01021--020 \*\*125.00

10/17/16  
10:17 PM  
10/17/16

**WALDOCH & McCONNAUGHAY, P.A.**

1709 HERMITAGE BOULEVARD, SUITE 102  
TALLAHASSEE, FLORIDA 32308

PHONE: 850-385-1246

FAX: 850-681-7074

Annette S. Driggers  
Krista M. Graham  
Sara Parramore  
Ann D. Westall  
Public Benefits Team

Denise Sims  
Receptionist

**AMY MASON COLLINS, ESQUIRE**  
*LICENSED IN FLORIDA, GEORGIA AND TENNESSEE*  
**JANA E. McCONNAUGHAY, ESQUIRE**  
*CERTIFIED ELDER LAW ATTORNEY BY THE FLORIDA BAR*  
**LAUCHLIN TENCH WALDOCH, ESQUIRE**  
*CERTIFIED ELDER LAW ATTORNEY BY THE FLORIDA BAR &  
THE NATIONAL ELDER LAW FOUNDATION*

Nancy M. Richards  
Alisa C. Hamm  
Michelle C. Elkins  
Legal Assistants

Lisa A. Medley  
Client Relations Coordinator

October 14, 2016

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

Re: LLC Deeds

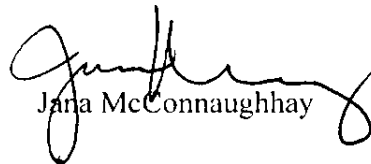
Dear Sir or Madam:

Enclosed please find the following:

- Cover Letter with Articles of Organization for Florida LLC

Our check in the amount of \$125.00, representing the filing fee for the enclosed document. If you have any questions, please contact me or my assistant, Michelle Elkins.

Sincerely,

  
Jana McConnaughay

JEM/mce  
enclosures

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEMI, 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:

Matthew McKibbin  
Name of Person  
2796 Palafox Lane  
Firm/Company  
↓  
Address  
Tallahassee / FL 32312  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew McKibbin at (850) 766-1132  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MENI, 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:

Mailing Address:

2796 Palafox Lane  
Tallahassee, FL 32312

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:

Jana McConaughay  
Name

1709 Hermitage Blvd., Ste. 102

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

Tallahassee FL 32308

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.

Jana McConaughay  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 AUG 17 PM 1:52  
Jana McConaughay

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Matthew McKibbin

Ericka McKibbin

**Name and Address:**

2796 Palafox Lane  
Tallahassee, FL 32312

2796 Palafox Lane  
Tallahassee, FL 32312

(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:**



**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.

Matthew McKibbin

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)