

L17000095289

(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



200298458962

200298458962
04/28/17--01007--012 **125.00

RECEIVED
DEPARTMENT OF STATE
17 APR 28 PM 12: 39

FILED
2017 APR 28 PM 12: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN
MAY -1 2017

FILED

Smith, Thompson, Shaw, Minacci, Colón, & Powers, P.A. PM 12:42
3520 Thomasville Road, 4th Floor
Tallahassee, FL 32309
Phone #: 850-893-4105 Fax #: 850-893-7229
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COURIER REQUEST

COURIER'S NAME DA

REQUESTED BY: Clay
TODAY'S DATE: 4/17/28

TIME OF DAY: _____

DEADLINE: _____

PICK-UP _____

DELIVERY X

NAME OF COMPANY: Sec. of State

ATTENTION: _____

STREET ADDRESS: _____

PHONE NUMBER: _____

COMMENTS: Please back to me.

Thx, Clay

RECEIVED BY: _____

DATE: _____

TIME OF DAY: _____

RECEIVED
DEPARTMENT OF
17 APR 28 PM 12:37

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MACHU NeNe, 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:

CLAYTON TOUCHTON

Name of Person

SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.

Firm/Company

3520 THOMASVILLE RD, 4TH FLOOR

Address

TALLAHASSEE / FLORIDA 32309

City/State and Zip Code

miamirealestate@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAYTON TOUCHTON

850

893-4105

Name of Person

at ()

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

FILED
2017 APR 28 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION
OF
MACHU NeNe, LLC

2017 APR 28 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **MACHU NeNe, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **4357 Maylor Road, Tallahassee, FL 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: **4357 Maylor Road, Tallahassee, FL 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **SUSAN S. THOMPSON**; the initial, registered office is located at 3520 Thomasville Road, Fourth Floor, Tallahassee, Florida 32309.

7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

Sherrie L. Jackson
4357 Maylor Road
Tallahassee, FL 32308

EXECUTED at Tallahassee, Leon County, Florida this 27th day of April, 2017.

DocuSigned by:

4/27/2017
SHERRIE L. JACKSON

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **MACHU NeNe, LLC**.
2. The name of the registered agent and office is: **SUSAN S. THOMPSON** at 3520 Thomasville Road, Fourth Floor, Tallahassee, Florida 32309.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



SUSAN S. THOMPSON, Registered Agent

FILED
2017 APR 28 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA