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(Requestor's Name)		
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PICK-UP	MAIT WAIT	MAIL
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T. SCOTT



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MCKentie Investments 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:
Tactrac Melhen-Zie Name of Person
1226 Cotemn st Address Tallabasse 1 Fl 32301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.IC.," 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:
1276 CalcMan St 1226 Colc Man St Tallinesize FL 32301 Talliania ster FL 13230
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:
Tactrone McKenzie
Name
122/2 catemon st
Florida street address (P.O. Box NOT acceptable)
Tallanuxee Ft 32301
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Amber	Teacher Maken-ar 1226 (demons
he date of filing.)	ecific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not not the document's effective date on the Department	of State's records.
ARTICLE VI: Other provisions, if any.	√
REQUIRED SIGNATURE:	$n\mathcal{N}$
This document is executed any fals	tember or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S. Typed or printed name of signee
\$125.00 Filing Fee for Articles of Ot \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optio	Filing Fees: rganization and Designation of Registered Agent

ARTICLE IV-