

L18000122502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

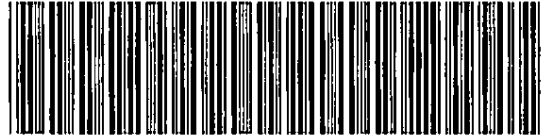
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/30/18--01040--010 \*\*150.00

05/15/18--01023--016 \*\*10.00

FILED  
2018 MAY 16 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 15 2018

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# **FIRST COAST ACCOUNTING & CONSULTING SERVICES, LLC**

New Filing Section  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

Re: McGee & Son's Service, LLC (Ref. Number W18000041871)

Kyle:

Pursuant to our conversation on 05/11/2018 regarding the conversion filing mistake and the establishment of McGee & Son's Services as an LLC, enclosed please find a \$10.00 check and the LLC application cover letter. Please use the documents previously submitted to complete the filing. The \$10.00 payment is to be added to the \$150.00 payment previously submitted to obtain both the Certified Copy and the Certificate of Status. We appreciate your assistance with this matter.

If you should have any questions, please do not hesitate to contact our office.

Sincerely,

Lisa Whitley



811 STATE RD 206 E  
SUITE 2  
ST AUGUSTINE, FL 32080

PHONE (904) 217-4462  
EMAIL LWHITLEY@FIRSTCOASTACCOUNTING.COM  
WEBSITE WWW.FIRSTCOASTACCOUNTING.COM

**COVER LETTER**

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

**SUBJECT:** McGee & Son's Services, 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:

Lisa Whitley  
\_\_\_\_\_  
Name of Person  
  
First Coast Accounting & Consulting Services, LLC  
\_\_\_\_\_  
Firm/Company  
  
811 SR 206 E  
\_\_\_\_\_  
Address  
  
Saint Augustine, FL 32086  
\_\_\_\_\_  
City/State and Zip Code  
  
lwhitley@firstcoastaccounting.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Whitley                      904                      217-4462  
\_\_\_\_\_  
Name of Person                      at (                      )                      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:

McGee & Son's Services, LLC

(Must contain 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:

455 Carter Rd Lot C

Saint Augustine, FL 32086

#### Mailing Address:

First Coast Accounting & Consulting Svcs. I

811 State Road 206 E, Unit 2

Saint Augustine, FL 32086

### 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:

Lisa Whitley

Name

811 State Road 206 E, Unit 2

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

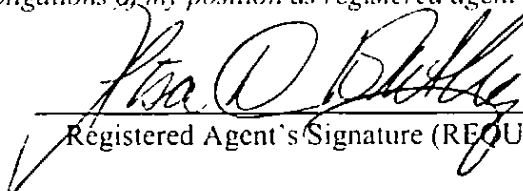
Saint Augustine

FL 32086

City

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Patrick E. McGee

4555 Carter Rd

Saint Augustine, FL 32086

AMBR

Natasha McGee

4555 Carter Rd

Saint Augustine, FL 32086

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

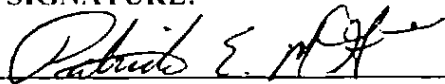
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(Use attachment if necessary)

**ARTICLE V: 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.

Patrick E. McGee

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)**