

L18000253477

(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



300320079133

10/29/18--01030--028 **155.00

11:54
RECEIVED
DIVISION OF CLERICAL AFFAIRS
18 OCT 29 AM 9:51

C RICO
OCT 29 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE MACKEY GROUP BAHAMAS, L.L.C.
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:

DONNA MACKEY

Name of Person

THE MACKEY GROUP BAHAMAS, L.L.C.

Firm/Company

11149 N.W. 39 ST, SUITE 202

Address

SUNRISE, FL 33351

City/State and Zip Code

mackeygroupbahamas@gmail.com

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

For further information concerning this matter, please call:

donna mackey

954-422-3760

at (

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

FILED
DIVISION OF CORPORATIONS
18 OCT 29 AM 9:51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE MACKEY GROUP, BAHAMAS, L.L.C.

(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:

Mailing Address:

11149 NW 39 ST.,
SUITE 202
SUNRISE, FL 33351

SAME

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:

DONNA MACKEY
Name

11149 NW 39 ST., SUITE 202
Florida street address (P.O. Box **NOT** acceptable)

<u>Sunrise</u>	<u>FL</u>	<u>33351</u>
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..

x Donna Mackey
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
DIVISION OF CORPORATE AFFAIRS
18 OCT 29 AM 9:51

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:

JANNAH WILMOTT

11149 N.W. 39 ST, SUITE 202
SUNRISE, FL 33351

AMBR

DONNA MACKEY

11149 NW 39 ST., SUITE 202

SUNRISE, FL 33351

(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:

x Donna Mackey

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.

DONNA MACKEY

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)