

L200000065739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

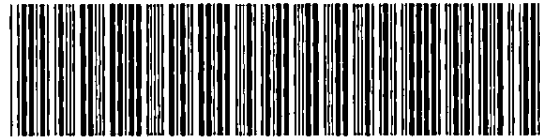
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name:

Company Name: McKIE EQUINE CENTER, LLC

Address: 18133 BOYS RANCH ROAD

City, State, Zip Code: ALTOONA, FL 32702

For further information concerning this matter, please call:

Name: PHILIPA GOSSETT

Telephone No: 352-267-0082

Enclosed is a check for the following amount: \$125.00

Mailing Address: Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

COMPANY

ARTICLE I - NAME: MCKIE EQUINE CENTER, LLC

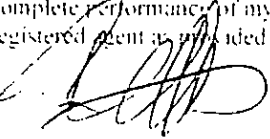
ARTICLE II- ADDRESS: 18133 BOYS RANCH ROAD, ALTOONA, FL 32702

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

Name: ROBERT GOSSETT

Address: 18133 BOYS RANCH ROAD, ALTOONA, FL 32702

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 608 F.S.

Signature: 

ARTICLE IV - Manager(s)MGR or Managing Member(s)MGRM:

Title:

Name & Address:

MGR

PHILIPA GOSSETT

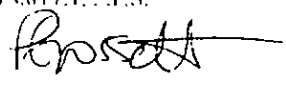
18133 BOYS RANCH ROAD

ALTOONA, FL 32702

ARTICLE V: Effective Date, if other than the date of filing: 01/01/2020

REQUIRED SIGNATURE:

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

SIGNATURE: 

TYPED OR PRINTED NAME OF SIGNED: PHILIPA GOSSETT

FILING FEES:

\$125.00 Filing Fee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

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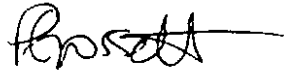
ARTICLE IV - Manager(s)MGR or Managing Member(s)MGRM:

Title:	Name & Address:
MGR	PHILIPA GOSSETT
	18133 BOYS RANCH ROAD
	ALTOONA, FL 32702

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