

L20000229329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

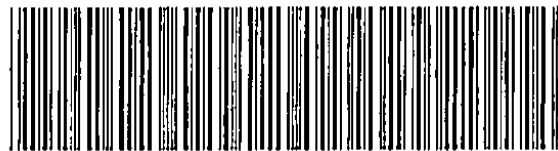
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800349439128

800349439128
08/10/20--01004--004 **12

2020 AUG -7 PM 3:53
TALLAHASSEE, FL

RECEIVED

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 08/07/2020

☐ **CERTIFIED COPY** _____
xx **PHOTOCOPY** _____
☐ **CUS** _____
xx **FILING** LLC _____

1. **MIKE & KEVIN, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

MIKE & KEVIN, LLC.

2020 AUG -7 AM 11: 03

(NAME OF ORGANIZATION IN FULL)

SECRETARY OF STATE
TALLAHASSEE, FL

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

MIKE & KEVIN, LLC.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THE ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE INDUSTRY OF WHOLESALE & RETAIL AND ANY OTHER OF THE OTHER SIDELINES THEREOF AND ANY OTHER BUSINESS THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

PREPARED BY: TURNER & MELENDEZ ACCOUNTANTS, INC.
7540 US HIGHWAY ONE, STE 103
LANTANA, FL 33462
(561) 582-3046

ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS

2722 POINSETTIA AVENUE APT. 8
WEST PALM BEACH, FL 33407

PALM BEACH COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGE
FOR SERVICE OF PROCESS.

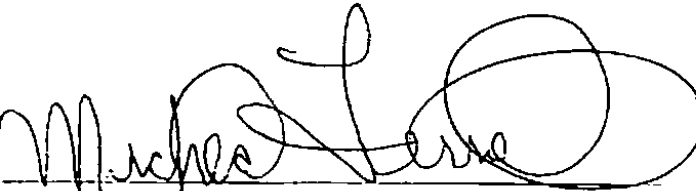
IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE
PROCESS. Micheal A. Terrell, 2722 POINSETTIA AVENUE APT.
WEST PALM BEACH, FLORIDA 33407.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID
OFFICE OPEN.

BY:


MICHEAL A. TERRELL

ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIATIC

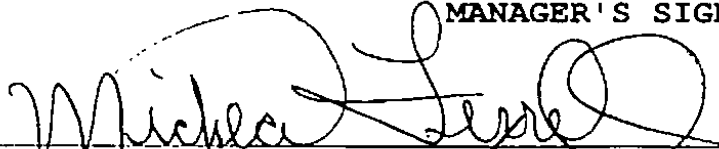
MICHEAL A. TERRELL

2722 POINSETTIA AVENUE APT. 8
WEST PALM BEACH, FL 33407

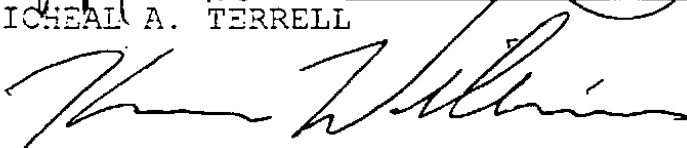
KEVIN S. WILLIAMS

7085 MERGANSER CT UNIT 2306
LAKE WORTH, FL 33463

MANAGER'S SIGNATURES



MICHEAL A. TERRELL



KEVIN S WILLIAMS

SECRETARY OF STATE
TALLAHASSEE, FL