

L21 000 280134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

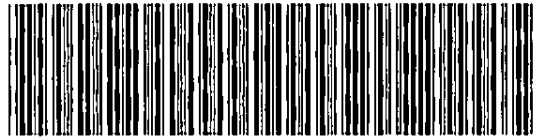
(Document Number)

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

Special Instructions to Filing Officer:

W21000033953

Office Use Only



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02/10/21--01023--000 \*\*150.00

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2021 JUN 15 PM 2:50  
CLERK OF COURT  
JUN 15 2021

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2021

JENNIFER MCGHEE  
73 HUDSON BLVD  
QUINCY, FL 32352

SUBJECT: KEITH AND JENNIFER MCGHEE DBA GHEE'S  
TRANSPORTATION LLC  
Ref. Number: W21000033953

We have received your document for KEITH AND JENNIFER MCGHEE DBA GHEE'S TRANSPORTATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris  
Regulatory Specialist II

Letter Number: 221A00005351

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: \_\_\_\_\_  
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:

\_\_\_\_\_  
Jennifer McGhee  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
73 Hudson Blvd  
Address

\_\_\_\_\_  
Quincy, Fla 32352  
City/State and Zip Code

\_\_\_\_\_  
jennicjennic421@yahoo.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

\_\_\_\_\_  
Jennifer McGhee at ( 850 ) 591-7873  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ghee's Transportation 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:

73 Hudson Blvd  
Quincy, FL 32352

Mailing Address:

73 Hudson Blvd  
Quincy, FL 32352

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:

Jennifer McGhee

Name

73 Hudson Blvd

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

Quincy, FL 32352

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..*

Jennifer McGhee

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

**Name and Address:**

Keith McShee  
13 Hudson Blvd  
Quincy, FL 32352

Shakeitha McShee  
13 Hudson Blvd  
Quincy, FL 32352

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 29, 2021 (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:**

Keith McShee

**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.

\_\_\_\_\_  
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)**

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