

L21000532387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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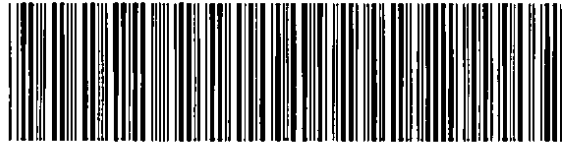
(Business Entity Name)

(Document Number)

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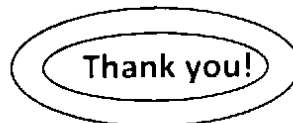
Name:	Mackee Development Holdings, LLC
Document #:	
Order #:	14066806

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 155.00



**ARTICLES OF ORGANIZATION
OF
MACKEE DEVELOPMENT HOLDINGS, LLC**

ARTICLE I - Name:

The name of the limited liability company is **MACKEE DEVELOPMENT HOLDINGS, LLC** (the "Company").

ARTICLE II - Address:

The mailing address and street address of the Company is 10758 Royal Cypress Way, Orlando, FL 32836.

ARTICLE III – Existence and Duration:

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management:

The Company is a manager-managed limited liability company. The name and Florida street address of the initial managers of the Company are:

Eleanor W. Ma
10758 Royal Cypress Way
Orlando, FL 32836

Kaleena Ma
10758 Royal Cypress Way
Orlando, FL 32836

Kenneth Ma
10758 Royal Cypress Way
Orlando, FL 32836

Kamie Ma
10758 Royal Cypress Way
Orlando, FL 32836

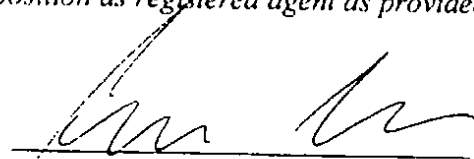
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ARTICLE V – Registered Agent

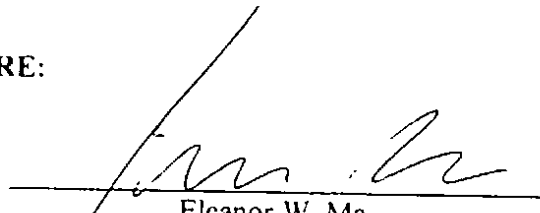
The name and Florida street address of the initial registered agent of the Company is:

**Eleanor W. Ma
10758 Royal Cypress Way
Orlando, FL 32836**

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, Florida Statutes.


Eleanor W. Ma, Registered Agent

REQUIRED SIGNATURE:


Eleanor W. Ma,
Authorized Representative

(In accordance with section 605.0203(1)(b), 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 section 817.155, Florida Statutes.)

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**SECRETARY OF STATE
TALLAHASSEE, FL**