

L23000149 229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

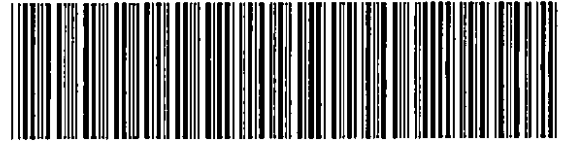
(Business Entity Name)

(Document Number)

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

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03/10/23--01019--001 \*\*150.00

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2023 MAR 10 AM 3:10

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D. O'KEEFE

APR - 3 2023

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McKinley Farms, LLC

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

Please return all correspondence concerning this matter to the following:

N. Richard Schopp  
N RICHARD SCHOPP PA  
453 NW Prima Vista Blvd.  
Port St. Lucie, Florida 34983  
E-mail address (to be used for future annual report notification): [nrspa@bellsouth.net](mailto:nrspa@bellsouth.net)

For further information concerning this matter, please call:

N. Richard Schopp at (772) 878-4120

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION  
OF  
MCKINLEY FARMS, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is McKinley Farms, LLC. ("company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12201 Riverbend Court  
Port St. Lucie, Florida 34984

Mailing Address:

12201 Riverbend Court  
Port St. Lucie, Florida 34984

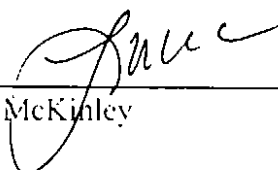
**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Franklin McKinley  
12201 Riverbend Court  
Port St. Lucie, Florida 34984

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ALAMARSH, FLORIDA

*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.*

  
\_\_\_\_\_  
Franklin McKinley

**ARTICLE IV - MANAGERS OR MEMBERS**

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Franklin McKinley  
12201 Riverbend Court  
Port St. Lucie, Florida 34984

AMBR

Myduyen Vienna Nguyen  
12201 Riverbend Court  
Port St. Lucie, Florida 34984

AMBR

Keathan McKinley  
12201 Riverbend Court  
Port St. Lucie, Florida 34984

AMBR

Lac Huu Doan  
2721 South Indian River Drive  
Fort Pierce, Florida 34950

AMBR


Ivy Mydung Thi Nguyen  
2721 South Indian River Drive  
Fort Pierce, Florida 34950

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ALL APAS SENT TO GPOD

#### ARTICLE V - OTHER MATTERS

This LLC shall engage in agricultural businesses in the State of Florida, and in other states, in addition to other business allowed by law.

#### REQUIRED SIGNATURE:

  
\_\_\_\_\_  
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.

Franklin McKinley  
\_\_\_\_\_  
Typed or printed name of signee