

L23000159190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

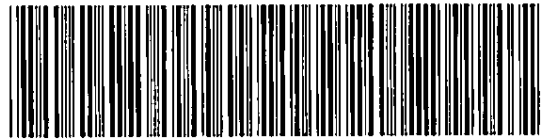
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600399479776

S. CHATHAM  
APR - 6 2023

FILED  
2023 APR - 5 PM 6:00  
SECRETARY OF STATE

RECEIVED  
2023 APR - 5 PM 4:25  
ATTORNEY GENERAL



COGENCYGLOBAL®

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
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Account#: I20000000088

Date: 04/05/2023

Name: Merritt Walker

Reference #: 1957132

Entity Name: MCKINLEY MOBILITY LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

**CERTIFICATE OF STATUS UPON FILING**

Authorized Amount: \$160

Signature: mw

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: McKinley Mobility  
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:

Martha Gotto  
Name of Person

McKinley Mobility  
Firm/Company

1642 East 21st. Street  
Address

Jacksonville Fl. 32206  
City/State and Zip Code

mckinley mobility@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha C. at 929 636 7543  
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:

McKinley Mobility LLC  
(Must contain the words "Limited Liability Company, F.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:

1642 East 21st. Street  
Jacksonville, Florida  
32206

Mailing Address:

1642 East 21st. Street  
Jacksonville, Florida  
32206

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:

Martha Cotto.  
Name

1642 East 21st. Street.  
Florida street address (P.O. Box **NOT** acceptable).  
Jacksonville FL 32206  
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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2023 APR -5 PM 6:00  
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FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Muhammad Stewart

1642 East 21st Street

Jacksonville Florida 32206

(Use attachment if necessary)

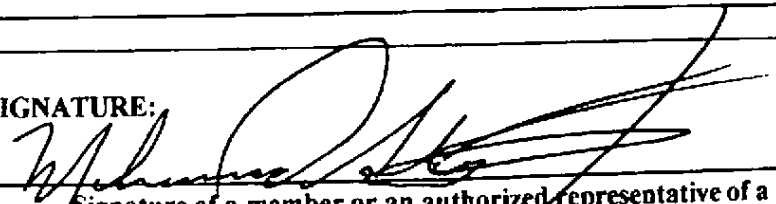
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



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.

Muhammad Stewart

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

FILED  
2023 APR -5 PM 6:00  
STATE OF FLORIDA