

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CS SUNBIZ, LLC
Account Number : I20040000164
Phone : (407)691-5600
Fax Number : (407)691-5620

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: kwhite@ahg-group.com

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DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.

MCK North Michigan, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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FILED
SECRETARY OF STATE
TALLAHASSEE, FL

DocuSign Envelope ID: ADBB9727-99A8-46A2-BFF1-F7E30CA932A3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MCK NORTH MICHIGAN, 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:700 WEST MORSE BOULEVARDSUITE 220WINTER PARK, FLORIDA 32789**Mailing Address:**700 WEST MORSE BOULEVARDSUITE 220WINTER PARK, FLORIDA 32789**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:

CS SUNBIZ, LLC

Name

700 WEST MORSE BOULEVARD, SUITE 220Florida street address (P.O. Box **NOT** acceptable)WINTER PARKFLORIDA32789

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..

DocuSigned by:

Sarah Hampton

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

"MGR" = Manager

MARY KENNY

700 WEST MORSE BOULEVARD, SUITE 220
WINTER PARK, FLORIDA 32789

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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.

- DocuSigned by:

Sarah Hampton

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.

SARAH HAMPTON

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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