

11/30/2020



Florida Department of State
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Email Address: roger@rogerjacobscpa.com

FLORIDA LIMITED LIABILITY CO.
Saimi Mckee, LLC

Certificate of Status	0
Certified Copy	1
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Articles of Organization
of
Saimi Mckee, LLC

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE I

Name

The name of the Limited Liability Company is Saimi Mckee, LLC.

ARTICLE II

Address

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

246 East Fort Dade Avenue
Brooksville, FL 34601

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Roger Jacobs
246 East Fort Dade Avenue
Brooksville, FL 34601

ARTICLE IV

Management

The Limited Liability Company will be manager-managed.

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ARTICLE V

Manager

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

Roger Jacobs
246 East Fort Dade Avenue
Brooksville, FL 34601

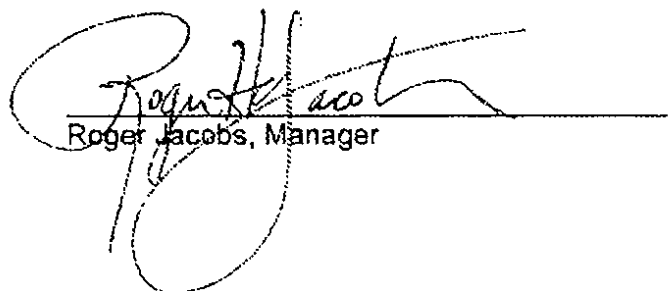
ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon filing with the Department of State of the State of Florida.

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.

Date: November 30th, 2020



Roger Jacobs, Manager

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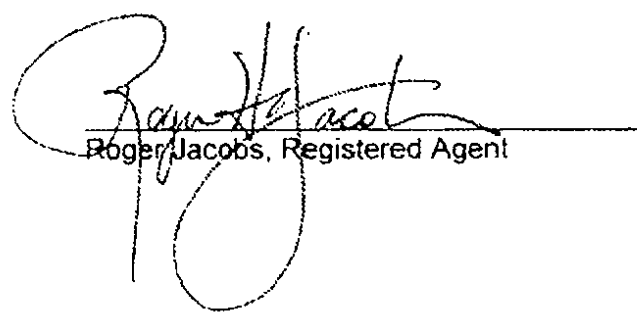
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That Saimi Mckee, LLC, desiring to organize under the laws of the State of Florida, has named Roger Jacobs, located at the Registered Office of the Limited Liability Company at 246 East Fort Dade Avenue, Brooksville, FL 34601, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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.


Roger Jacobs, Registered Agent

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