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P001/004

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : MCNEESE LAW FIRM
Account Number : I20190000070
Phone : (850)337-4208
Fax Number : (850)337-4243

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

Email Address: pcskon@gmail.com

FLORIDA LIMITED LIABILITY CO.
Palladium Blue Group, LLC

Certificate of Status	0
Certified Copy	0
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

**SUBJECT: PALLADIUM BLUE GROUP, LLC
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:

RICHARD S. MCNEESE
Name of Person

MCNEESE LAW FIRM, PLLC
Firm/Company

42 BUSINESS CENTRE DRIVE SUITE 106
Address

MIRAMAR BEACH
City/State and Zip Code

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

For further information concerning this matter, please call:

RICHARD MCNEESE at (850) 3374242
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALLADIUM BLUE GROUP, 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:

Mailing Address:

9519 NOTTAWAY LANE
BRENTWOOD, TN 37027

9519 NOTTAWAY LANE
BRENTWOOD, TN 37027

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:

RICHARD S. MCNEESE

Name

42 BUSINESS CENTRE DRIVE SUITE 106

Florida street address (P.O. Box **NOT** acceptable)

<u>MIRAMAR BEACH</u>	<u>FL</u>	<u>32550</u>
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

PAUL SKONIECZNY
9519 NOTTAWAY LANE
BRENTWOOD, TN 37027

AMBR

CHERYL SKONIECZNY
9519 NOTTAWAY LANE
BRENTWOOD, TN 37027

(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.

RICHARD S. MCNEESE

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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