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M. HODGES

05 JEN 27 FYII: 55

## TRANSMITTAL LETTER

Division of Co			
SUBJECT:	Liger Investr	ments	
Service and a se	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Mark Hudson	
	€t.	vame of rerson)	
	(1	Firm/Company)	_
	4	44 W 63rd St	
		(Address)	
	Kansa	s City, MO 64113	
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
	Hudson	at ( 888 ) 859 4026 (Area Code & Daytime To	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	7:\$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)
STRE	ET ADDRESS:	MAILING A	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Liger Investments, LLC		<del></del>
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
444 W 63rd St	444 W 63rd St	
Kansas City, MO 64113	Kansas City, MO 64113	
		<u> </u>
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's	Signature: UE 7
The name and the Florida street address	ss of the registered agent are:	7
	Kîpp Vann	
	Name	
1080	06 NW 80th Circle	55
Florid	a street address (P.O. Box NOT acceptable)	
	Parkland, Ft. h33076	
	Lity, State, and Zip	
liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co	nt and to accept service of process for the conated in this certificate, I hereby accept the capacity. I further agree to comply with uplete performance of my duties, and I among series registered agent as provided for in Conate and I are as registered agent as provided for in Conate and I are as registered agent as provided for in Conate and I are as a provided for in Conate and I are as a provided for in Conate and I are as a provided for in Conate and I are a provided for I are a provided fo	e appointment as the provisions of all 1 familiar with and

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mark Hudson
	444 W 63rd St
	Kansas City, MO 64113
MGRM	Eric Goodman
	11512 Summit St
	Kansas City, MO 64114
	<del></del>
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)
Mark	Hudson 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)