

L050000094808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

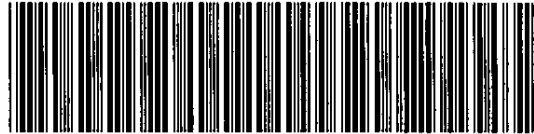
Special Instructions to Filing Officer:

L. SELLERS

OCT. - 7 2008

EXAMINER

Office Use Only



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10/03/08--01022--018 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 OCT -6 AM 8:21

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LAW OFFICES

**PAVLOCK &
PAVLOCK, P.L.C.**

JEFFREY R. PAVLOCK
ROBERT S. PAVLOCK



Savannah

4300 EAST GRAND RIVER
HOWELL, MICHIGAN 48843
(517) 546-0400 • FAX (517) 546-0440

September 29, 2008

State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: KAD Strategic Investments, LLC

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of Articles of Organization relative to the formation of the above-captioned limited liability company along with a check in the amount of \$125.00 which represents the filing fee for same.

Please file the original Articles in your usual manner and return a date stamped copy to our office in the envelope provided.

Should you have any questions relative to the enclosed document, please do not hesitate to contact our office.

Sincerely,

PAVLOCK & PAVLOCK, P.L.C.

A handwritten signature in cursive script that reads "Cathi A. Rosso".

Cathi A. Rosso
Administrative Assistant

Enclosures

2008 SEP 30 PM 01:16
HOWELL, MICHIGAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAD Strategic Investments, 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:

Robert S. Pavlock, Esq.

(Name of Person)

Pavlock & Pavlock, P.L.C.

(Firm/Company)

4300 E. Grand River Ave.

(Address)

Howell, MI 48843

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert S. Pavlock, Esq.

(Name of Person)

at (517) 546-0400

(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

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE OF FLORIDA
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KAD Strategic Investments, LLC

(Must end with 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:

2351 Beachwood St., The Villages, FL 32162

Mailing Address:

2351 Beachwood St., The Villages, FL 32162

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:

David P. Brookhouse

Name

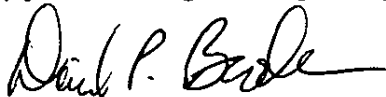
2351 Beachwood St.

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

The Villages, FL 32162

City, State, and 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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David P. Brookhouse

2351 Beachwood St.

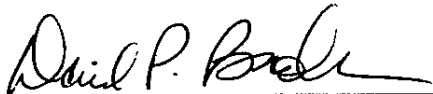
The Villages, FL 32162

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David P. Brookhouse

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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STATE OF FLORIDA
TALLAHASSEE