LD8000097339

(Requestor's Name)	-
(Address)	-
(Address)	•
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	
OCT 162008	
EXAMINER	

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COVER LETTER

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Division of Corporations
SUBJECT: K+K 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:
Kerry Davenport (Name of Person)
(Firm/Company)
7883 S Leewynn Terrace (Address)
Sargsofa F1 34240 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Kerry Davenport at (941) 232-9659 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\square\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2008

KERRY DAVENPORT 7883 S. LEEWYNN TERRACE SARASOTA, FL 34240

SUBJECT: K + K INVESTMENTS L.L.C.

Ref. Number: W08000045313

We have received your document for K + K INVESTMENTS L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P94000050925.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 608A00052208

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	16'					
	mited Liability Company	is:				
•	Investors.					
K+K :	In vestments	لہ لہ د			_	
(Mu	st end with the words "Limited Li	iability Company, "L.L.	C.," or "LLC.")			
ARTICLE II - Ad	dress:					
	s and street address of the	e principal office o	of the Limited Li	iability	Comp	any is:
Principal Office A	ddress:	Mailing Add	lress:			
		Kerrn	Davene	·+		
		7883	5 Leeu sota FI	yhh	Ter	race
		Sara	sota FI	<u> </u>	10	
(The Limited Liability Co	egistered Agent, Registe ompany cannot serve as its own Rective Florida registration.)	red Office, & Registered Agent. You m	gistered Agent' ust designate an indiv	s Signa ridual or a	ture:	
The name and the F	Florida street address of th	he registered agent	t are:			
	Kerry Da	wenport				
	7883 S Le	address (P.O. Box N	OT acceptable)			
	Sarasota City, Sta	FL 34 Ite, and Zip	240			
liability compai registered agent ar statutes relating i	ed as registered agent and my at the place designated and agree to act in this cape to the proper and complete gations of my position as r	in this certificate, i acity. I further agr e performance of m	I hereby accept to ee to comply with my duties, and I a	he appo h the pro m famili	intmei ovisioi iar wit	nt as ns of all th and
	Registered Agent's Sig	gnature (REQUIRED)	SEUNE THA TALLAHAS	08 SEP 30	

(CONTINUED)
Page 1 of 2

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:
m G R	Kerry Davenport 7883 S Leaynn Terrice Samsofa FI 34240
MGR	Kim Davenpart 1822 Thor Drive Annendale, Va 22003
meam	Fran Davenport 7883 S Leewynn Terrace Sarasota F1 34240
mGRM	Jean Davenport 7822 Thor Drive Annendale, Va. 22003
(Use attachment if necessary)	
	date of filing: 9-26-2008 (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a membe	r or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)
<u>Kerry</u> ry	ped or printed name of signee
Filing Fees:	nization and Designation
\$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional	m _s a m