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SEGRETARY OF STATE
S

C. LEWIS
June 14, 2010
EXAMINER

COVER LETTER

TO: Registration So Division of Con			
SUBJECT: K/A INVE			
	Name of Limit	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
AARON HEG	JI		
		Name of Person	
TAX LAWYER	RS, LLC		
		Firm/Company	
7345 S DURANGO DRIVE SUITE B107-355			
		Address	
LAS VEGAS, I	NEVADA 89113		
	Cit	y/State and Zip Code	
AARON@TAX	LAWYERSLV.COM	or future annual report notification)	
5 6 4 4 6 3	·	•	
For further information of	concerning this matter, please	call:	
AARON HEGJI at (702) 922-7825			
Name o	of Person	Area Code & Daytime Telephone Nu	ımber
Enclosed is a check fo	r the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	00 Filing Fee, ficate of Status & fied Copy onal 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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2010

AARON HEGJI / TAX LAWYERS, LLC 7345 S DURANGO DR SUITE B 107-355 LAS VEGAS, NV 89113

SUBJECT: K/A INVESTMENTS, LLC

Ref. Number: W10000025696

We have received your document for K/A INVESTMENTS, LLC and your check(s) totaling \$125.00. 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.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 710A00013317



Mailing Address: 7345 S. Durango Drive Suite B 107-355 Las Vegas, NV 89113

Las Vegas Location: 8880 W. Sunset Suite 250 Las Vegas, NV 89148

Phone: 702.922.7825 Fax: 702.922.7818

Email: info@taxlawyerslv.com

June 3, 2010

Registration Section Attn: Carolyn Lewis Division of Corporations PO Box 6327 Tallahassee, FL 32314

Carolyn,

Please apply the initial funds of \$125.00 sent with original rejected filing for K/A Investments, LLC to the enclosed filing. If you have as questions you can call me at 702-922-7825

Regards,

Aaron Hegji Associate Attorney

Arkansas, Nevada

and litak

Nevada and Ohio

Nevada

COVER LETTER

	Registration S Division of Co			
		•		
SUBJEC	CT: CRAND	ON INVESTMENT HOL		
		Name of Limite	ed Liability Company	
The encl	osed Articles o	f Organization and fee(s) are	submitted for filing.	
Please re	turn all corresp	ondence concerning this matt	ter to the following:	
A	ARON HEG	JI		
_			Name of Person	
<u>ק</u>	TAX LAWYE	RS, LLC		
			Firm/Company	
7345 S DURANGO DRIVE SUITE B107-355				
			Address	
L	.AS VEGAS,	NEVADA 89113		
	· <u>· · · · · · · · · · · · · · · · · · </u>	Cit	y/State and Zip Code	
<u> </u>	ARON@TA	XLAWYERSLV.COM		
		E-mail address: (to be used f	for future annual report notification)	
For furth	ner information	concerning this matter, please	e call:	
AAROI	N HEGJI		at (702) 922-7825	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclose	d is a check fo	or the following amount:		
☑\$125.0	0 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 C Tallahassee, FL 32301	ircle

TO'AANON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 The name of	- Name: the Limited Liability Company is:
CRANDON	INVESTMENT HOLDINGS, I
, , , , , , , , , , , , , , , , , , ,	(Must end with the words "Limited Liability

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
104 CRANDON BOULEVARD, SUITE 419	555 Fifth Avenue, 9th Floor
KEY BISCAYNE, FLORIDA 33149	New York, New York 10017
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the North Border Investigation.	第 2 1
	Name SSP =
104 CRANDON BC	DULEVARD, SUITE 419
Florida si	treet address (P.O. Box NOT acceptable)
KEY BISCAYNE	PL 33149
	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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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	STEVEN M MIZEL
	555 Fifth Avenue, 9th Floor
	New York, New York 10017
(Use attachment if necessary)	
	late of filing: (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
	•
REQUIRED SIGNATURE:	A James D
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated here.)	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)
STEVEN M MIZEL	
Тура	ed 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)