## L14000136452

(Requestor's Name)	
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(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
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(Business Entity Name)	
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(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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EFFECTIVE DATE 8//5/14

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SECRETARY OF STATE

9/2/14

## COVER LETTER

TO:	Registration Division of C			
SUBJEC	CT: <u>K&amp;K</u> I	NVESTMENTS OF ORLA Name of Lin	NDO, LLC nited Liability Company	<del>1 </del>
The encl	osed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please re	eturn all corres	spondence concerning this m	atter to the following:	
	KHAIMN	AUTH JAWAHIR		7
			Name of Person	
	K&KIN	VESTMENTS OF ORLAN		
			Firm/Company	
	759 WIN	DROSE DRIVE	Address	
			Address	
	ORLAND	O, FL 32824	City/State and Zip Code	
RO	CKYJAWAH		d for future annual report notifica	
				ation)
For furth	er information	concerning this matter, plea	ase call:	
KHAIM	NAUTH JAW Nan	AHIR at ( at (	347 ) 3064945 Area Code Daytime Te	lephone Number
Enclosed	l is a check fo	r the following amount:		
□ \$125.00	Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2014

KHAIMNAUTH JAWAHIR 759 WINDROSE DRIVE ORLANDO, FL 32824

SUBJECT: K & K INVESTMENTS, LLC

Ref. Number: W14000050158

We have received your document for K & K INVESTMENTS, LLC 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Elliott R McCaskill Registration Specialist II

Letter Number: 314A00017627

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## $\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Estimate Estation, Company is:		
K & K INVESTMENTS OF ORLANDO, LLC.		
	Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
759 WINDROSE DRIVE ORLANDO, FL 32824	759 WINDROSE DRIVE ORLANDO, FL 32824	
ARTICLE III - Registered Agent, Registered Carlo	its own Registered Agent. You must desi cistration.)	
The name and the Florida street address of the reg	gistered agent are:	
KHAIMNAUTH JAWAE	IIR	
759 WINDROSE DRIV		
Florida street address (P	O. Box NOT acceptable)	
ORLANDI	FL 32824	
City	Zip	
Having been named as registered agent and to a the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	y accept the appointment as registered as wisions of all statutes relating to the prope t the obligations of my position as registed Chapter 605, F.S.	gent and agree to act in this er and complete performance
Klasinnet	h Waraling (REQUIRED)	
Registered Agent	s Signature (REQUIRED)	
,	NTINUED)	
· P	age 1 of 2	ASSEE THE
EFF	ECTIVE DATE 8//S//4	11 th

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	KHAIMNAUTH JAWAHIR
	759 WINDROSE DRIVE
	ORLANDO, FL 32824
MGRM	KRIS SAHADEO
•	759 WINDROSE DRIVE
	ORLANDO, FL 32824
(Use attachment if necessary)	
•	En SELIZA OMETONALI
	date of filing: <u>8/15/2014</u> . (OPTIONAL) to specific and cannot be more than five business days prior to or 90 days.
of filing.)	
LE VI: Other provisions, if any.	•

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signed

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)

Page 2 of 2

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