

L14000175877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

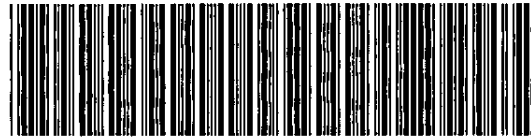
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Special Instructions to Filing Officer:

611, 623

W14-65187

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SECRETARY OF STATE  
TALLAHASSEE, FL 09101

NOV 13 2014

S. YOUNG

EFFECTIVE DATE  
10/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2014

CHRIS KRAMOLIS  
56 E ROYAL FERN WAY  
SANTA ROSA BEACH, FL 32459

SUBJECT: PHASE FOUR INVESTMENTS, LLC  
Ref. Number: W14000065187

We have received your document for PHASE FOUR 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 registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 614A00022959

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Phase Four 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:

Chris Kramolis  
Name of Person

Firm/Company

56 E. Royal Fern Way  
Address

Santa Rosa Beach, FL 32459  
City/State and Zip Code

ckramolis@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Kramolis at ( 501 ) 352-0175  
Name of Person 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Phase Four 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:**

**Mailing Address:**

56 E. Royal Fern Way  
Santa Rosa Beach, FL 32459

Same  
\_\_\_\_\_  
\_\_\_\_\_

**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:

Chris Kramolis  
Name

56 E. Royal Fern Way  
Florida street address (P.O. Box **NOT** acceptable)

Santa Rosa Beach FL 32459  
City 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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

**Name and Address:**

Chris Kramolis

56 E. Royal Fern Way

Santa Rosa Beach, FL 32459

Bryan Pritchett

62 E. Royal Fern Way

Santa Rosa Beach, FL 32459

John Conner

5229 Edgewood Rd.

Little Rock, AR 72207

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10-15-2014 (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.)

**ARTICLE VI:** Other provisions, if any.

John Conner is 50% owner of all holdings. Bryan Pritchett is 25% owner of all holdings. Chris Kramolis is 25% owner of all holdings.

**REQUIRED SIGNATURE:**



**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.)

Chris Kramolis

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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TALLAHASSEE, FLORIDA