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(Requestor's Name)	
(Address)	300287349913
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	00/00/40 04040 000400 00
(Document Number) Certified Copies Certificates of Status	06/29/1601010002 **160.00
Special Instructions to Filing Officer:	
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JULY 2017 S. GILBERT

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Kellogg Investment Homes / IRA	of Julie A. Kel	logg
SUBJECT		Limited Liabili	y Company
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:
	Drexel Todd & Julie Amelia Kell	ogg	
		Name of	Person
	Kellogg Investment Homes / Julie l	Kellogg IRA LL	c
		Firm/Cor	npany
	2413 Birds Eye Ct. / Fleming Island	i, FL 32003	
		Addre	SS
		City/State and	Zip Code
·	toddkellogg1965@gmail.com juliea		
5 6 .1 .			nnual report notification)
For further in	nformation concerning this matter, pl	ease call:	
	Todd Kellogg at	904	813-0119
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
] \$125.00 Fi		Certifie	O Filing Fee & \$160.00 Filing Fee, d Copy l copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]] (New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	L. R. Com
The name of the Limited Liability Company is:	16 JUN 29 PM 2:45
	1 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×
Kellogg Investment Homes / Julie A. Kellogg IRA LLC	
(Must end with the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	$\sim 10^{10} M_{\odot}$
The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
2413 Birds Eye Ct./ Fleming Island, FL 32003	
	•
ARTICLE III - Registered Agent, Registered Office, & Registered	
(The Limited Liability Company cannot serve as its own Registered Age	ent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Drexe Took Kellogg

Name

2413 Birds Eye C+

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

Fleming Island, FL 32003

City State 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..

(CONTINUED)

Page 1 of 2

AMBR Nicholas T. Kellogg 2413 Birds Eye Ct. Fleming Island, FL 32003 Nicholas T. Kellogg 2413 Birds Eye Ct. Fleming Island, FL 32003 V: Effective date, if other than the date of filing: Lise attachment if necessary) V: Effective date, if other than the date of filing: Lise attachment if necessary) V: Effective date, if other than the date of filing: Lise attachment if necessary) V: Effective date, if other than the date of filing: Lise attachment if necessary) V: Effective date, if other than the date of filing: Lise attachment if necessary) V: Effective date, if other than the date of filing: Lise attachment if necessary) V: Effective date, if other than the date of filing: VI: Other provisions, if any. Left Directed IRA for Julie Kellogg (wife) managed by partner husband Todd Kellogg for Real Estate loses. The IRA is held by Mountain West IRA. EOUIRED SIGNATURE: Lise attachment if necessary) Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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. Lise attachment if necessary) Lise attachment if necessary Note attachment if necessary OPTIONAL (OPTIONAL) (OPTION	Title:	Name and Address:
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ARTICLE IV-

Page 2 of 2