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2016 SEP -9 PM 2:53
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TALLAHASSEE FL 32310



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2016

KELI MACIEL
398 NE CAMELOT DRIVE
PORT ST. LUCIE, FL 34983

SUBJECT: A.K.M. INVESTMENTS, LLC
Ref. Number: W16000063852

2016 SEP -9 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for A.K.M. 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.

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. 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 contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is .

A10000000874

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) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 616A00019713

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.K.M. 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:

Keli Maciel

Name of Person

A.K.M. Investments, LLC

Firm/Company

398 NE Camelot Drive

Address

Port St. Lucie, FL 34983

City/State and Zip Code

kmac129@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keli Maciel

407

963-5354

at (_____) _____

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~A.K.M. Investments, LLC~~ M.A.K. Ventures, 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:

398 NE Camelot Drive
Port St. Lucie, FL 34983

Mailing Address:

398 NE Camelot Drive
Port St. Lucie, FL 34983

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:

Keli Maciel
Name
398 NE Camelot Drive
Florida street address (P.O. Box **NOT** acceptable)

<u>Port St. Lucie</u>	<u>FL</u>	<u>34983</u>
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..

Keli Maciel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2016 SEP -9 PM 2:59
SECRETARY OF STATE
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

PRESIDENT

Name and Address:

Keli Maciel

398 NE Camelot Drive

Port St. Lucie, FL 34983

VICE-PRESIDENT

Andre Maciel

398 NE Camelot Drive

Port St. Lucie, FL 3498

(Use attachment if necessary)

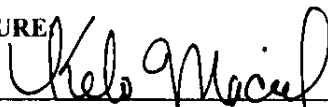
ARTICLE V: Effective date, if other than the date of filing: 09/01/2016. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



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.

Keli Maciel

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)

2016 SEP -9 PM 2:54
TALLAHASSEE, FL 32301
CORPORATION DIVISION