

Division of Corporations

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Florida Department of State

Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: state notices @ vcorp services. com

FLORIDA LIMITED LIABILITY CO.  
TKEM Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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2018 FEB -2 PM 3:05

STATE OF FLORIDA

**STATE of FLORIDA  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **TKEM Investments, LLC**.

**ARTICLE II - Address:**

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

**Principal Office Address:**  
26 Combes Avenue  
Rockville Centre, New York 11570

**Mailing Address:**  
26 Combes Avenue  
Rockville Centre, New York 11570

**ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature:**

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

Vcorp Services, LLC  
5011 South State Road 7, Suite 106  
Davie, Florida 33314  
Broward County

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

*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.*

**ARTICLE IV:**

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

**Title:**  
MGR

**Name and Address:**  
Timothy Kelly  
26 Combes Avenue  
Rockville Centre, New York 11570

  
\_\_\_\_\_  
Timothy Kelly

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.