

L19000008303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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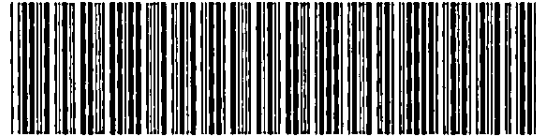
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO: New Filing Section**  
**Division of Corporations**

**SUBJECT:** K4 INNOVATION HOUSE 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:

Sylvia C Presley  
Name of Person  
SC Presley & Co, Inc  
Firm/Company  
250 S Ronald Reagan Blvd #100  
Address  
Longwood, FL 32750-5466  
City/State and Zip Code  
IVAN.REBOLLEDO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvia C Presley      407      331-7665  
Name of Person      at (      )      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**  
**FOR**  
**K4 INNOVATION HOUSE LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**K4 INNOVATION HOUSE LLC**

**ARTICLE II -**

The purpose for which this Limited Liability Company is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE III – ADDRESS**

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

**1043 EDMISTON PL  
LONGWOOD, FL 32779**

and the street address of the Limited Liability Company is:

**1043 EDMISTON PL  
LONGWOOD, FL 32779**

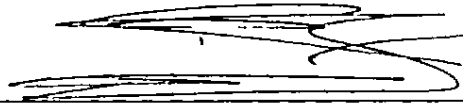
**ARTICLE IV – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE**

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

**IVAN REBOLLEDO  
1043 EDMISTON PL  
LONGWOOD, FL 32779**

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JAN 11 2019  
CLERK OF COURT  
FLORIDA

*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 608, F.S..*



IVAN REBOLLEDO, REGISTERED AGENT

**ARTICLE V – MANAGER(S) OR MANAGING MEMBER(S)**

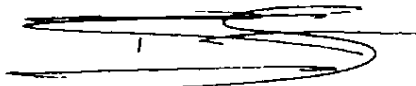
The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
MANAGING MEMBER	IVAN REBOLLEDO

**ARTICLE VI – EFFECTIVE DATE OF FLORIDA LIMITED LIABILITY COMPANY**

The effective date of the Florida Limited Liability Company is:

JANUARY 1, 2019



IVAN REBOLLEDO, REGISTERED AGENT

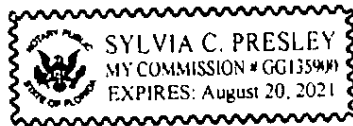
STATE OF FLORIDA

COUNTY OF SEMINOLE

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth, personally appeared **IVAN REBOLLEDO**, known to me and known to me to be the person who executed the foregoing Articles of Organization for a Florida Limited Liability Company, and he acknowledged before me that he executed those Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 4<sup>th</sup> day of **JANUARY 2019**.

(seal)



*Sylvia C Presley*  
\_\_\_\_\_  
NOTARY PUBLIC *Sylvia C Presley*

My Commission Expires August 20, 2021

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