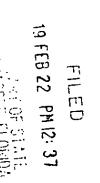






02/22/19--01025--017 **130.00





COVER LETTER

	Division of Corporations			
CUD IE	MMKK Investments, LLC			
SUBJEC	Name of l	Limited Liabi	lity Company	
The encl	osed Articles of Organization and fee(s)	are submitted	d for filing.	
Please re	turn all correspondence concerning this	matter to the	following:	
	John C. McVay, Jr.,			
	·	Name o	f Person	
	MMKK Investments, LLC			
		Firm/C	ompany	
	6700 South Florida Ave. Suite 4			
		Add	ress	
	Lakeland, FL 33813			
	jmcvay@econsouth.com	City/State as	nd Zip Code	
	E-mail address: (to be us	sed for future	annual report notificati	on)
For furthe	r information concerning this matter, ple	ase call:		
	John C. McVay, Jr.,	863	686-0544	
	Name of Person	Area Code	Daytime Telephone	e Number
Enclosed	i is a check for the following amount:			
]\$1 25.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifلــــا	00 Filing Fee & led Copy nal 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ity Company is:					
MMKK Investment (Must con		Liability Cor	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	address of the principal of	office of the L	imited Liability Company is:	:		
<u>Prind</u> j	Principal Office Address:		Mailing A	ddress:		
6700 South Florida Ave	e. Suite 4 Lakeland, FL 3381	3	same			
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its owr	n Registered A		ı individual or		
The name and the Florida street	address of the registere	d agent are:				
	John C. McVay, Jr.,			_		
	the Florida street address of the registered agent are: John C. McVay, Jr., Name					
	Name 1118 Lake Point Drive					
	Florida street address (P.O. Box NOT acceptable)					
	Lakeland	FL	33813	_		
	City	State	Zip	_		
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	e. I hereby accept the apporovisions of all statutes rebligations of my position	relating to the as registered	egistered agent and agree to a proper and complete perform	act in this capacity. I nance of my duties, and I		

19 FE8 22 PH 12: 37

ARTICLE IV-

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

Title:		Name and Address:		
"AMBR" = Authorized	d Member			
"MGR" = Manager				
MGR	_	John C. McVay, Jr.,		
		1118 Lake Point Drive		
		Lakeland, FL 33813		
	_		 _	
	_	<u> </u>		
	_			
(Use attachment if nec	essary)			
·	•			
ICLE V: Effective date, if	other than the date of filing	;: (OPT	TONAL)	
ICLE VI: Other provisions	, if any.			
I'am a	Signature of a member of ocument is executed in ac ware that any false informations	an authorized representative of a memi- cordance with section 605.0203 (1) (b), Flo ation submitted in a document to the Depar as provided for in s.817.155, F.S.	ber. orida Statutes. tment of State	
	John C. McVay, Jr.,			
	Турес	d or printed name of signee	<u>:</u> 19	
£13500500 F		Ciga- Case		
		Filing Fees:	= 6	
5 30.00 Certified C	or Articles of Organizati	Fling Fees: ion and Designation of Registered Agent	EB 2	<u> 10</u>
	or Articles of Organizati opy (Optional)		FEB 22	Ë
	or Articles of Organizati			FILE
	or Articles of Organizati opy (Optional)			FILED
	or Articles of Organizati opy (Optional)			FILED
	or Articles of Organizati opy (Optional)		EB 22 PM I2: 37	FILED