

L 20000363589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

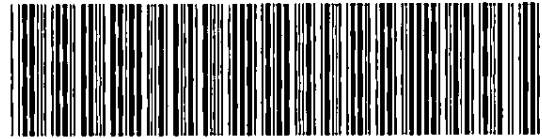
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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NOV

RECEIVED  
2020 NOV 30 PM 4:05  
TALLAHASSEE, FLORIDA

2020 NOV 30 AM 11:16

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

2020 JUN 30 3:16

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. K2 TPA OFFICE LLC

Name

Document Number (if known)

☒ Walk in

☐ Will wait

☐ Certified Copy

☒ Certificate of Status

**NEW FILINGS**

**AMENDMENTS**

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☒ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Dissolution/Withdrawal

☐ INC

☐ Conversion

☐ OTHER

☐ Merger

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

☐ Annual Report

☐ Foreign

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ Statement of Authority

☐ Trademark

☐ APOSTIL      () ☐  
COUNTRY

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT: K2 TPA OFFICE 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:

AZUREDE ROSS

\_\_\_\_\_  
Name of Person

MERIDIAN PARTNERS LAW P.A.

\_\_\_\_\_  
Firm/Company

4923 W. CYPRESS STREET

\_\_\_\_\_  
Address

TAMPA, FL 33607

\_\_\_\_\_  
City/State and Zip Code

CRISTINA@KENNEDYINVESTMENTS.NET

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

For further information concerning this matter, please call:

AZUREDE ROSS

813

443-5260

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION

*for*  
Florida Limited Liability Company

### ARTICLE I

The name of the limited liability company is: **K2 TPA OFFICE LLC** (the "Company").

### ARTICLE II

The street address of the principal office of the Company is:

2901 West Bush Boulevard  
Suite 901  
Tampa, Florida 33618

The mailing address of the Company is:

2901 West Bush Boulevard  
Suite 901  
Tampa, Florida, 33618

### ARTICLE III

The name and Florida street address of the registered agent for the Company is:

Bryan W. Sykes, Esq.  
4923 West Cypress Street  
Tampa, Florida 33607

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 agreed to act in this capacity. I further agree to comply with the provisions of all statutes relating to the property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: \_\_\_\_\_

### ARTICLE IV

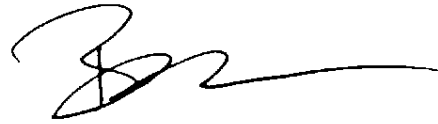
The name and address of the person(s) authorized to manage the LLC are:

Title: Manager  
Name: K2 TPA Manager LLC  
Address: 2901 West Busch Boulevard  
Suite 901  
Tampa, Florida 33618

#### ARTICLE V

The Company has been formed for the purpose of being a *qualified opportunity zone business* within the meaning of Section 1400Z-2 of the Internal Revenue Code of 1986, as amended, and in furtherance of that purpose, to carry on any lawful business for which limited liability companies may be formed under the *Florida Revised Limited Liability Company Act*.

Signature of member or authorized representative: \_\_\_\_\_



Bryan W. Sykes, Authorized Representative

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, Florida Statutes. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the limited liability company and every year thereafter to maintain "active" status.