# L21000046051

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PiCes J	, MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer





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## **CORPORATE**

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### **WALK IN**

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	PI	CK UP:	02/05/2021	
	CERTIFIED COPY	****	*****	
XX	РНОТОСОРУ			
	CUS	<del></del>		
XX	FILING	LLC		
•	Kelly Creek Investr	ments LLC	<del></del>	
. <b>.</b>	(CORPORATE NAME AND DO	CUMENT #)		
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PECIA NSTRU	L JCTIONS:			
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#### **COVER LETTER**

TO:	New Filing Se Division of Co				
SUBJEC		REEK INVESTME	NTS, LLC, a F	Florida limited liability co	отрапу
00200	···	Name	of Limited Li	ability Company	
The encl	losed Articles o	f Organization and fe	ec(s) are submi	itted for filing.	
Please re	eturn all corresp	ondence concerning	this matter to	the following:	
	Jon McGrav	¥			
			Nam	e of Person	
	Schatt McG	raw Rauba Mutarell	PA		
		<del></del>	Firm	√Сот <b>рал</b> у	
	328 NE 1st	Avenue, Suite 100			
			Α	ddress	
	Ocala, Flori	da 34470			
	jon@smrmla	w com	City/Stat	e and Zip Code	
			e used for futu	re annual report notifica	tion)
For further	r information co	oncerning this matter	please call:		
	Jon McGraw	,	352 _at (	789-6520	
	Nan	ne of Person	- \	e Daytime Telephor	ne Number
Enclosed	is a check for t	the following amount	;		
	00 Filing Fee	□\$130.00 Filing Certificate of State	Fee & 🗆 :	\$155.00 Filing Fee & rifled Copy ional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address illing Section on of Corporations lox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

	NVESTMENTS, LLC, a					
(Musi co	ntain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited I	iability Company is:			
Princi	pal Office Address:		Mailing Address:			
4181 SE 120th Stre		4181	SE 120th Street			
Belleview, Florida	34420	Belley	riew, Florida 34420			
ARTICLE III - Registered A		& Registered Agent	's Signature:			
	ny cannot serve as its own a active Florida registration	& Registered Agent a Registered Agent. You		or	noi FE	· 1
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own a active Florida registration	& Registered Agent a Registered Agent. You on.) d agent are:	's Signature:	or		ī
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own n active Florida registration of address of the registered	& Registered Agent a Registered Agent. You	's Signature:	or	3.4	ī
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own n active Florida registration of address of the registered	& Registered Agent a Registered Agent. Youn.) d agent are:	's Signature:	or	FEB -5	
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own active Florida registration active Florida registration address of the registered JON I. MCGRAW  328 NE 1st Avenue.	& Registered Agent a Registered Agent. Youn.) d agent are:	's Signature: ou must designate an individual	or	FEB-5 PM	
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own active Florida registration active Florida registration address of the registered JON I. MCGRAW  328 NE 1st Avenue.	& Registered Agent a Registered Agent. Youn.) d agent are:  Name Suite 100	's Signature: ou must designate an individual	or	FEB -5	1 m

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR JAMES R. ALEXANDER 4181 SE 120th Street Belleview. Florida 34420 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. **REOUIRED 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.

JON MCGRAW

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)