# L21000516716

(Reques	itor's Name)	
(Addres	s)	
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(City/Sta	ite/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	g Officer:	





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12/07/21--01005--025 \*\*130.00

SECRUTARY OF STATE

T. BURCH

# **COVER LETTER**

TO:	New Filing Se Division of Co				· <del>d'</del> ·	
SUBJEC	Konig Inv	estments LLC				
NODAL	···	Ni	une of Lim	ited Liabi	lity Company	
The encl	osed Articles o	f Organization an	d fee(s) are	submitted	I for filing.	
Please re	eturn all corresp	ondence concern	ing this ma	tter to the	following: -	
	Lavington I	Miller				
		<del>-</del>	<u> </u>	Name o	Person	
				Firm/Co	ompany	
	9742 South	west 56th Circle				_
	<del></del>			Add	ress	
	Ocala FL 3	4476				
	1 :1 0000	-1	Ci	ity/State a	nd Zip Code	
	lavilav099@	<del>-</del>	to be used	for future	annual report notificat	ion)
Con Gradeo	e information a	oncerning this ma			аниат теротепотнеат	(/1/)
ror mime		_	-			
	Lavington N	Ailler —	at (	50	212-2257 _)	<u></u>
	Nar	ne of Person		rea Code	Daytime Telephor	ne Number
Enclosed	l is a check for	the following amo	ount:			
	00 Filing Fee	ZI\$130.00 Fil Certificate of		Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	5421	na Addroso			Cironi Address	

# 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 - Name:** 

Konig Investment				_
(Must c	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	et address of the principal c	office of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
9742 Southwest 5	i6th Circle	9742	Southwest 56th Circle	
Ocala FL 34476		Ocal	a F1. 34476	<del></del>
				<del>-</del>
ARTICLE III - Registered (The Limited Liability Companother business entity with a The name and the Florida stre	any cannot serve as its owr an active Florida registratio	n Registered Agent. 'on.)	it's Signature: You must designate an individua OHASS	2021 650 -7
(The Limited Liability Companother business entity with	any cannot serve as its owr an active Florida registration eet address of the registered	n Registered Agent. 'on.)	You must designate an individual of ARRASSE	7
(The Limited Liability Companother business entity with	any cannot serve as its owr an active Florida registratio	n Registered Agent. 'on.)	You must designate an individual of ARRASSE	7
(The Limited Liability Companother business entity with	any cannot serve as its owr an active Florida registration eet address of the registered Lavington Miller	n Registered Agent. 'on.) d agent are: Name	You must designate an individual of ARRASSE	7
(The Limited Liability Companother business entity with	any cannot serve as its owr an active Florida registration eet address of the registered Lavington Miller 9742 Southwest 56th	n Registered Agent. 'on.) d agent are: Name	You must designate an individual FORE STATE FLORIDA	-7
(The Limited Liability Companother business entity with	any cannot serve as its owr an active Florida registration eet address of the registered Lavington Miller 9742 Southwest 56th	n Registered Agent. 'on.) d agent are:  Name	You must designate an individual FORE STATE FLORIDA	7

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:

<u>Title:</u>		Name and Address:		
	Authorized Member			
"MGR" = M	lanager			
MGR		Lavington Miller		
	<del></del>	9742 Southwest 56th Circle		
		Ocala FL 34476		
			202 SE	
	<del></del>			
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			SE? →	1
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			<u> </u>	
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		<del></del>	<del></del>	
f an effective date is ne date of filing.) Note: If the date inse	s listed, the date must be spectred in this block does not notive date on the Department of	ecific and cannot be more than five be neet the applicable statutory filing req		-
REQUIRE	D SIGNATURE:			_
	This document is execut I am aware that any false	mber or an authorized representati ed in accordance with section 605.020 information submitted in a document efelony as provided for in s.817.155, l	03 (1) (b), Florida Statutes. to the Department of State	
	1 2 6.414			
	<u>Lavington Miller</u>	Typed or printed name of signee		
		ryped or printed name or 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)