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(Requestor's Name)
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☐ PICK-UP 💢 WAIT 🔲 MAIL
(Business Entity Name)
(Document Number)
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Ref # W22000061582

COVER LETTER

TO: New Filing Section Division of Corporations W&R Investments Of Tally, LLC
SUBJECT: Kary Investment & 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:
Claude hassim
Name of Person
HORY INVESTMENTS LLC HER Investments of 1
Firm/Company LUC
3925 Cales Avenue
Address
Tallahassel Florida 32310
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Claude hassim a1,850, 445 0227
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: The Colon +
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 \$10 Tallahassee, FL 32303



May 13, 2022

CLAUDE KISSIM 3925 CATES AVENUE TALLAHASSEE, FL 32310

SUBJECT: K & R INVESTMENTS LLC

Ref. Number: W22000061582

We have received your document for K & R INVESTMENTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 622A00011031

Neysa Culligan Regulatory Specialist III

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: K&R Investments of Co	illy L	L(
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
3975 Cutes Ave 3955 Cates Avenue Tullohusiver 71 30310	Σ_		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or			
another business entity with an active Florida registration.)	41 0.35	2002 HAY	
The name and the Florida street address of the registered agent are:	百部 5	5 T	ì
<u>Claude hassim</u>	一年 港 -		20
Name 2.6.05 C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S		ſ
3935 Cates Hyenue Florida street address (P.O. Box NOT acceptable)	ω^{α_i}		<u>۔</u> اص
Tellabasset # FT 32310	프롤		

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..

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBLL	Claude Massim 3925 Cates Ave Tallahassee FI 32310
	SECE TAL
	AHA 19
	HASSER. FL
(Use attachment if necessary)	晋。
the date of filing.)	necific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a n This document is exect I am aware that any fal-	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155. F.S.
Claud	Yugssin Typed or printed name of signee

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

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

5 5.00 Certificate of Status (Optional)