

**L22000234228**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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((H22000190195 3)))



H220001901953ABC3

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : COMITER & SINGER, LLP  
 Account Number : I20000000085  
 Phone : (561)626-4742  
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**FLORIDA LIMITED LIABILITY CO.**  
**RKMK Real Estate Holdings LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**COVER LETTER**

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

**SUBJECT:** RKMK Real Estate Holdings 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:

Keith B. Braun, Esq.

Name of Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3825 PGA Blvd. Suite 701

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

corporate@comitersinger.com

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

For further information concerning this matter, please call:

Keith B. Braun

561

626-2101

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

TALLAHASSEE, FL

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Handwritten signature

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RKMK Real Estate Holdings LLC

(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:**

140 Behring Way  
Jupiter, FL 33458

140 Behring Way  
Jupiter, FL 33458

**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.)

The name and the Florida street address of the registered agent are:

Musharaf Khan

Name

140 Behring Way

Florida street address (P.O. Box **NOT** acceptable)

Jupiter

FL

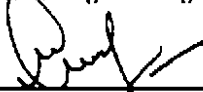
33458

City

State

Zip

*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)

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(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

Musharaf Khan  
140 Behring Way  
Jupiter, FL 33458

MGR

Reshma Khan  
140 Behring Way  
Jupiter, FL 33458

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

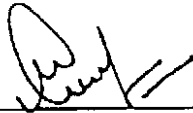
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

2022 MAY 31 11:42:10  
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TALLAHASSEE, FL

**REQUIRED 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.

Musharaf Khan, Manager

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)