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(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Offices.	
		

Office Use Only



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2022 JUN 22 AM 9: 34

RECEIVED

CSC

RESUBMIT

SUBJECT: BK INVESTMENTS LLC.

Ref. Number: W22000085079

Please give original submission date as file date.

Letter Number: 722A00014239

We have received your document for BK INVESTMENTS LLC. and your check(s) totaling \$. 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 existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LEC". The following suffixes are no longer acceptable: "Limited Company," "LC," "LC," "Ltd.," and "Co."

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.

Neysa Culligan Regulatory Specialist III cocc JUN 29 PH 3: 35

COVER LETTER

	New Filing Se Division of Co					
SUBJEC		ments LLC.				
002020		Nam	e of Lin	nited Liabi	lity Company	
The enclo	osed Articles of	FOrganization and f	ee(s) are	e submitte	d for filing.	
Please re	turn all corresp	ondence concerning	this ma	itter to the	following:	
	Cheryl & Fr	red Coyle				
				Name o	f Person	
	BK Investm	ents LLC.				
				Firm/Co	ompany	
	860 6th Ave	enue South #768				
		<u>-</u>		Add	ress	
	Naples, FL	34102				
	bkinvestmen	ısllc5@gmail.com	С	ity/State ai	nd Zip Code	
		E-mail address: (to	be used	for future	annual report notificat	ion)
For further	information co	oncerning this matte	r, please	call;		
	Fred Coyle		23 at (19	649-8076	
	Nan	e of Person	 \	rea Code	Daytime Telephor	
Enclosed	is a check for t	he following amour	nt:			
□\$125.6	00 Filing Fee	□\$130.00 Filing Certificate of Sta		Certif	5.00 Filing Fee & ied Copy al copy is enclosed)	E\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address			Street Address	d.,4.d.
		iling Section			New Filing Section D	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO.: I20000000195

REFERENCE: 762365 8384198

AUTHORIZATION:

COST LIMIT : \$\(\frac{1}{25}\).00

ORDER DATE : June 21, 2022

ORDER TIME : 2:31 PM

ORDER NO. : 762365-005

CUSTOMER NO: 8384198

DOMESTIC FILING

NAME: BK INVESTMENTS LLC.

EFFECTIVE DATE:

	ARTICLE CERTIFI ARTICLE	CATE	OF LI	MITE	D P		RSHI	IP.
PLEASE	RETURN	THE 1	FOLLOW:	ING 2	AS :	PROOF	OF	FILING:
XX	CERTIF PLAIN CERTIF	STAM	PED CO		STAI	NDING		
CONTACT	PERSON	: A	lexxis	Wei:	land	d - EX	T.	

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 JUN 22 AM 9: 34

Bryan Kelly Investments LLC.

SEUM MARTO SIANT TALLAHASSEE, FL

(Must conatin 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:

2430 Vanderbilt Beach Rd	Mailing Address: Same
Suite 108-527	
Naples, FL 34109 III-Registered Agent, Registered Office, & Registered Agent'	s Signature:

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:

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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..

Corporation Service Company

V

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager	
MGR _ Manager	Fred Covle 860 6th Avenue South #768 Naples, FL 34102
MGR	Chervi Covie 860 6th Avenue South #768 Naples. FL 34102
	LLA WASSE
(Use attachment if necessary)	
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.) If the date inserted in this block does not be the date in the date in this block does not be the date in	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be listed that the state of State's records.
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CLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be listen
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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)